

ECHS 50<sup>th</sup> ANNIVERSARY ESSAY COMPETITION RELEASE FORM

Student Name: \_\_\_\_\_

Student Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Grade \_\_\_\_\_

Name of School: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone (if different from student): \_\_\_\_\_

Parent Email: \_\_\_\_\_

Parent/Guardian Release:

We hereby grant permission for our child's essay to be used by the Eastern Cabarrus Historical Society. We understand that our child's essay may be used by ECHS for promotion purposes and/or displayed on their website as well as public news correspondences (newspapers, social media, etc.)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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