



HISTORY TEACHERS' ASSOCIATION *of* VICTORIA

**PERMISSION TO USE STUDENT WORK/ PHOTOGRAPHIC
IMAGE IN *Agora***

I hereby give consent to HTAV to publish the work / photographic image of my child in the HTAV journal *Agora* .

Signed

_____ (Parent/guardian)

_____ (Printed Name)

_____ (Address)

For

_____ (Student's Name)

Of

_____ (School Name)

_____ (Date)

History Teachers' Association of Victoria

Address / Suite 105, 134-136 Cambridge Street, Collingwood Vic 3066

Phone / +61 3 9417 3422 **Fax** / +61 3 9419 4713

www.htav.asn.au