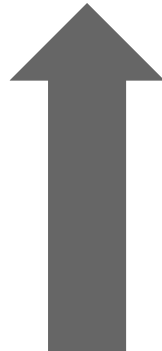


Artwork Label Form



This side up.

(Artwork orientation)



Student Name	
Grade	
Art Teacher's Name	
Teacher's Email address	
School	
School address	
School phone number	

Teachers: Please paper clip TWO COPIES of this completed form to the back of EACH artwork. *Keep a third copy of each for your own records.*