



*It Works for You!*

# Registration Form

This single registration form allows your work to be considered for all alumni opportunities, including those at the Creative Research Laboratory and on the Department’s website, as well as others that may arise. All alumni of the Department of Art and Art History—those having graduated with a degree in Art History, Design, Studio Art, or Visual Art Studies/Art Education—may submit *visual works* for consideration. All fields below must be completed.

## REGISTRANT INFORMATION

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City / State / Zip*

\_\_\_\_\_  
*Email*

\_\_\_\_\_  
*Telephone*

\_\_\_\_\_  
*Date of Graduation (Semester, Year)*

*Degree Awarded:*

- Master of Fine Arts*
- Bachelor of Fine Arts*
- Master of Arts*
- Bachelor of Arts*

*Division:*

- Art History*
- Design*
- Studio Art*
- Visual Art Studies / Art Education*

## RELEASE OF CONTACT INFORMATION

From time to time, curators, educators, gallery owners, or others will ask the Department of Art and Art History for access to images of alumni works for the purpose of finding new artists for diverse opportunities. If you are interested in exploring these opportunities, select “I Give Permission” below.

I give the Department of Art and Art History permission to release my contact information (name, phone number and address) to art-world professionals or private collectors interested in contacting me directly about purchasing or promoting my works of art.

Note: Registrants are *not required* to agree to this statement to have their works considered for opportunities in the Department of Art and Art History.

*I Give Permission*

*I Do Not Give Permission*

## AGREEMENT STATEMENT

I certify that I am formally submitting digital files to the Department of Art and Art History at the University of Texas at Austin. I understand that by submitting these digital files, I am granting the Department of Art and Art History at The University of Texas at Austin permission to publish and display these works, along with my name and information about the works for educational, promotional, and publicity purposes, and to make copies of the works for archival purposes.

*In lieu of your signature, please check this box to certify that you agree with these terms.*

\_\_\_\_\_  
*Date*