

**Cleveland Institute of Art**  
**Group Campus Tour**  
**Student Permission Form**

Thank you for allowing your student to visit the Cleveland Institute of Art.

As the parent/guardian of a student scheduled to tour the Cleveland Institute of Art, I understand that students may be exposed to concepts, images, language, and ideas which they find challenging and which some viewers may find objectionable, including but not limited to, nude female and male figures.

Your signature below represents acknowledgement and authorization for your student to proceed on the group campus tour.

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student name (please print)

---

email address

---

school

---

parent/guardian name (please print)

phone

---

parent/guardian signature

date

**Cleveland Institute of Art**

11610 Euclid Avenue  
Cleveland OH 44106  
216.421.7000  
cia.edu



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