

Student Contributor Information Sheet
Women's Perspectives



Name: _____

Street Address: _____ Apt # _____

City: _____ State: _____ Province: _____ Country: _____

Zip Code: _____ Telephone: _____

Email Address: _____

Name of the Program you attend: _____

Address of the Program: _____

Telephone of the Program: _____

Name of your teacher/tutor: _____

Email of your teacher or program: _____

I attend: ESOL Literacy pre/GED Developmental Upgrading Workplace Other

Title of Your Writing / Artwork: _____

How would you like your name to appear (circle one)? As printed above Other

Print alternative name here: _____

WE LEARN must have your signed permission to consider your submission.

By printing or typing my name below, I am saying that this is my own original writing. If it is selected, I give WE LEARN permission to publish this writing on the WE LEARN website, to print it in publications of *Women's Perspectives* and to use for other projects. (*Typing your name is equivalent to your signature.*)

Signature (sign or type name) _____

Date _____



Email to womensperspectives2017@gmail.com