



Mental Health Services
Oversight & Accountability Commission

Art Loan/Donation Submission Form

Name: _____

First

Last

Name, as you would like it to appear next to your artwork: _____

Age (for children's submissions): _____

*If person submitting artwork is under the age of 18, a parent or legal guardian must sign this consent form.

Organization/Program (if applicable): _____

County: _____

Phone Number: _____

Address: _____

Street

Apt/Suite #

City

State

Zip Code

Email Address (If available): _____

Title of Artwork: _____

Description of Artwork (Enter below):

Dimensions of Artwork:

Height: _____

Width: _____

Weight: _____

(Including frame if there is one)

*Please indicate if in feet or inches

(Weight may be an estimation)

This artwork is a: Loan Donation

If a loan, I would like this artwork

returned to the address above in: 6 Months 1 Year

(Loan begins upon date of receipt)

Consent to Publish and Reproduce

I give my consent to the Mental Health Services Oversight and Accountability Commission (MHSOAC) to have my art published, reproduced and electronically transmitted in publications, brochures, MHSOAC website, and other communications efforts selected by the MHSOAC.

Please remember to also fax, scan and email, or send a hard copy with your signature to the MHSOAC:

Fax: (916) 445-4927

Email: mhsoac@mhsoac.ca.gov

Mailing Address:

MHSOAC

Attn: Christina or Jacie

1300 17th Street, Suite 1000

Sacramento, CA 95811

Signature

Date

Printed Name

OR

Please sign below indicating your consent to publish and reproduce your child's art as set forth above.

Signature

Date

Printed name of parent or legal guardian

If relationship is other than a parent please state your authority to consent:
