

**MINNESOTA STATE COMMUNITY AND TECHNICAL COLLEGE –
FERGUS FALLS CAMPUS**

Feel free to duplicate this form.

NAME: _____

Town: _____

Title of Work: _____

Medium or Materials: _____

Price For Sale: _____

Value if Not for Sale: _____ *If your work is not for sale, please indicate the estimated value for insurance purposes. This figure will not be publicized.

Mailing Address of Artist: _____

☐ check if a new address _____

Telephone: _____ E-mail: _____

Received by: _____

**NOTE: This form is for use by the college. Please fill out completely.
Please provide your own identification on your work.**

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