

**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.**

-----X-----X-----X-----X-----

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