

Student Release Form

(To be completed either by the parents/legal guardians of minor students involved in this project, or by students who are 18 or more years of age involved in this project.)

PERMISSION SLIP	
Studen	dent Name: m the parent/legal guardian of the child named above. I have read and understand the project cription given in the letter provided with this form, and agree to the following: ease check the appropriate box below.) I DO give permission to you to include my child's student work and/or image on video recordings as part of video(s) showing your classroom performance, to be used for the purpose of participating in a state approved Teacher Preparation Program. Inderstand that my child's name and any other personally identifiable information about my child will
(Please	check the appropriate box below.)
	as part of video(s) showing your classroom performance, to be used for the purpose of
	stand that my child's name and any other personally identifiable information about my child will ear on any of the submitted materials.
	I DO NOT give permission to you to include my child's student work and/or image on video recordings as part of video(s) showing your classroom performance, to be used for the purpose o participating in a state approved Teacher Preparation Program.
Signat	ure of Parent or Guardian:Date:
	ne student named above and am <u>more than 18 years of age.</u> I have read and understand the description given in the letter provided with this form and agree to the following.
	I DO give permission to you to include my student work and/or image on video recordings as participation of video(s) showing your classroom performance, to be used for the purpose of participating in a state approved Teaching Preparation Program. I understand that my name and any other personally identifiable information about me will not appear on any of the submitted material.
	I DO NOT give permission to include my student work and/or image on video recordings as part of video(s) showing your classroom performance, to be used for the purpose of participating in a state approved Teacher Preparation Program.
Signat	ure of Student:Date:
	f Birth:/ (MM/DD/YY)