

Student Release Form

Dear Parent/Guardian:

I am participating in a project requiring a short videotape of lessons taught in you child's classroom. Although the videotapes involve both the teacher and various students, the primary focus is on the teacher's instruction, not on the student in the class. In the course of taping, your child may appear on the videotape. No student's name will appear on any materials that are submitted and all materials will be kept confidential. The form below will be used to document your permission for this taping and use of videotape.

Permission Slip

Student Name: _____

Address: _____

City, State ZIP _____

I am the parent/legal guardian of the child named above. I have received and read the letter regarding possible videotaping of my child.

I DO give permission to you to include my child's image on videotape as he or she participates in class conducted

at _____
(Name of School)

by _____
(Student Teacher/Teacher's name)

I DO NOT give permission to you to include my child's image on videotape.

Signature _____ Date _____
(Parent/Guardian)