PARENT/GUARDIAN RELEASE FORM
FOR VIDEO AND AUDIO RECORDINGS,
SLIDES AND PHOTOGRAPHS,
WORK SAMPLES AND ASSESSMENTS OF PUPILS

Pupil’s Name:____________________________________________

Classroom Teacher:___________________________ Grade:______

School:______________________________________Year:_______

You have my permission to make film, video and audio tape recordings, slides and photographs of my child during classroom activities, assessments, and other school activities. You may also use my child’s work samples and assessments as evidence of teaching. I understand that the films, video and audio tape recordings, slides and photographs, work samples and assessments are being produced for educational purposes for the teacher candidate in my child’s classroom. Such records shall only be used to instruct and evaluate the credential candidate in their classroom placement, and for the instruction of student teachers solely at SJSU. Such record will also be used as part of a performance assessment of the candidate required by San José State University and the State of California.

_____ Yes, I give my consent.

_____ No, I do not give my consent.

Parent/guardian: ________________________  _________________________

[Print]                                                           [Sign]

Date:________________

After signing, please return this form to your child’s teacher.

Thank you.