



San José State
UNIVERSITY

Connie L. Lurie
College of Education

**PARENT/GUARDIAN RELEASE FORM FOR
PHOTOGRAPHS, FILMS, SLIDES, VIDEO AND AUDIO
TAPE RECORDINGS OF PUPILS**

Pupil's Name: _____

Classroom Teacher: _____ Grade: _____

School: _____ Year _____

You have my permission for film, video and audio tape recordings, slides and photographs to be made of my son/daughter in classroom activities, assessment and other school activities. I understand that the films, video and audio tape recordings, slides and/or photographs are being produced for educational purposes for the student teacher working in my student's classroom. Such records shall only be used for the following: to record and evaluate the Student Teacher/Credential Candidate teaching students in their classroom placement. Such record will be used as part of a performance assessment of the candidate by San Jose State University that is required by State law as well as for purposes of instruction of student teachers solely at SJSU.

_____ Yes, I give my consent.

_____ No, I do not give my consent.

One Washington Square
San José, CA 95192-0071
Voice: 408-924-3600
Fax: 408-924-3713
www.sjsu.edu/education

Parent/guardian Signature: _____

Date: _____

The California State University:
Chancellor's Office
Bakersfield, Chico, Dominguez Hills,
Fresno, Fullerton, Hayward, Humboldt,
Long Beach, Los Angeles, Maritime Academy,
Monterey Bay, Northridge, Pomona,
Sacramento, San Bernardino, San Diego,
San Francisco, San José, San Luis Obispo,
San Marcos, Sonoma, Stanislaus

After signing, please return to your child's teacher. Thank you.