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.

Parent/guardian Signature: ____________________________

Date: ______________________

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