

Teacher Candidate: _____ Quarter: _____
(please print)

Student Release Form

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

PERMISSION SLIP

Student Name: _____

I am the parent/legal guardian of the child named above. I have read and understand the project description given in the letter provided with this form, and agree to the following:

(Please check the appropriate box below.)

- I DO give permission to you to include my child's work and/or image on video recordings as part of videos showing your classroom performance, in the edTPA or Eastern coursework. I understand that my child's name and any other personally identifiable information about my child will not appear on any of the submitted material.
- I DO NOT give permission to you to include my child's student work and/or image on video recordings as part of videos showing your classroom performance, in the edTPA.

Signature of Parent of Guardian: _____ **Date:** _____

I am the student named above and am more than 18 years of age. I have read and understood the project 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 part of video(s) showing your classroom performance in the edTPA or Eastern coursework. I understand that my name and any other personally identifiable information about me will not appear 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, in the edTPA.

Signature of Student: _____ **Date:** _____

Date of Birth: ____ / ____ / ____
MM DD YY