



ILLINOIS STATE UNIVERSITY
Illinois' first public university

Student Information Release Authorization Video Recording Assignment

(to be completed by the parents/legal guardians of minor students or by students who are 18 or more years of age)

Dear Parent/Guardian:

I am a student in a teacher education program at Illinois State University completing pre-clinical hours in your child's classroom this semester. One of the requirements for my class _____ is an assignment that includes short video recordings of

(ISU class number & name)

me working with students. The videotape will be used for the purpose of evaluating my teaching effectiveness, which may be viewed by other teacher education students and my instructor. I am asking your permission to allow your child to be videotaped. Please complete the form below for granting permission. Thank you.

Sincerely,

 (Teacher Candidate Signature)

AUTHORIZATION

Student Name: _____

School/Teacher: _____

I am the parent/legal guardian of the child named above. I have received and read your letter regarding an assignment in a teacher education class at Illinois State University, and agree to the following:

I DO give permission to include my child's image and voice on video recorded during a class conducted at _____ by _____.
(Name of School) (Teacher Candidate's Name)

Illinois State University faculty, staff, and/or other teacher education students may view the video for the purpose of evaluating my teaching effectiveness.

I DO NOT give permission to video record my child.

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

I am the student named above and am at least 18 years of age. I have read and understand the project description given above. I understand that my performance is not being evaluated by this project.

I DO give permission to include my image and voice on video recordings as I participate a class conducted at _____ by _____.
(Name of School) (Teacher Candidate's Name)

Illinois State University faculty, staff, and/or other teacher education students may view the video for the purpose of evaluating my teaching effectiveness.

I DO NOT give permission to video record me.

Signature of Student: _____ **Date:** _____ **Date of Birth:** ____/____/____
MM DD YY