

## Parent Consent Request

Graduate Student Name \_\_\_\_\_

Date \_\_\_\_\_

Dear Parent/Guardian:

I am a graduate student at Eastern Washington University. Part of my internship and/or coursework will include recording video of a variety of lessons and/or activities I teach in your child's classroom. Although the video recordings may involve a teacher and/or various students, the primary focus is on my instruction, not on the students in the class. In the course of recording my teaching, your child may appear on the video. I may also be collecting samples of student work as evidence of my teaching practice, which may include some of your child's work.

No student's name or personally identifiable information will appear on any materials that are submitted. Materials will be kept confidential at all times. The video recordings and student work I submit will not be made public in any way. My assessment materials will be examined under secure conditions by my program at Eastern Washington University. The form attached will be used to document your permission for these activities.

Please complete the attached form at your earliest convenience.

Sincerely,

\_\_\_\_\_  
*Graduate Student Signature*

## Student Release Form Permission Slip

Graduate Student \_\_\_\_\_ Academic Year \_\_\_\_\_  
*(please print)*

Student Name \_\_\_\_\_

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

**I am the parent/legal guardian of the child named above. I have read and understand 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 graduate internship and/or 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 graduate internship and/or coursework.

Signature of Parent of Guardian \_\_\_\_\_ Date \_\_\_\_\_

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**I am the student named above and am more than 18 years of age. I have read and understood 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 student work and/or image on video recordings as part of video(s) showing your classroom performance in the graduate internship and/or 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 student work and/or image on video recordings as part of video(s) showing your classroom performance, in the graduate internship and/or coursework.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*MM DD YYYY*