



Student Release Form

(to be completed by the parents/legal guardians of minor students involved in the video recording and publishing of classroom activities)

PERMISSION SLIP

Student Name: _____

I am the parent/legal guardian of the child named above. I agree to the following:

(Please check the appropriate box below.)

- I DO give permission to ECS, namely Mr. Morris, to include my child's student work and/or image on video recordings and publications to be used for the purpose of assessing comprehension, promoting professional development, and providing students and parents resources for study and reflection.

I understand that my child's full name and any other personally identifiable information about my child will not appear on any of the recorded or published materials.

- I DO NOT give permission to ECS, namely Mr. Morris, to include my child's student work and/or image on video recordings and publications to be used for the purpose of assessing comprehension, promoting professional development, and providing students and parents resources for study and reflection.

Signature of Parent or Guardian: _____ Date: _____