

## Permission to Videotape

I hereby give permission for my child, \_\_\_\_\_  
to participate in a class that is recorded on videotape. I understand the videotape will be  
created as part of the Teacher Education Program and will be used for professional  
development and assessment for licensing purposes of the teacher listed below.

\_\_\_\_\_  
Name of the Teacher

I understand the videotape will become property of the student teacher and I give consent  
for this videotape to be viewed by the members of the Teacher Education Committee and  
the Director of the Teacher Education Program for the purposes stated above.

Name of Parent/Guardian \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_