**Student Release Form**

(to be completed either by the parents/legal guardians of minor students

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 names 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 you permission to include my child’s student work and/or image on video recordings as part of video(s) showing your classroom performance, to be used in your education class as Siena College.

I understand that my child’s name and any other personally identifiable information about my child 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, to be used in your education class as Siena College.

My son/daughter and I are aware that saying “no” to video recording will not negatively affect my child’s grade. Students without permission to be video recorded will still participate in all classroom activities, but they will be seated outside of the view of the camera.

**Signature of Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**I am the student named above and I am more than 18 years of age. I have read and understand the project description given in the letter provided with this form, and agree to the following:**

 I DO give you permission to include my student work and/or image on video recordings as part of video(s) showing your classroom performance, to be used in your education class as Siena College.

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, to be used in your education class as Siena College.

I am aware that saying “no” to video recording will not negatively affect my grade. If I do not give permission to be video recorded, I will still participate in all classroom activities, but I will be seated outside of the view of the camera.

**Signature of Student; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_**

 MM DD YY