



SONOMA STATE UNIVERSITY

Office of the Dean
School of Education
(707) 664-2132
(707) 664-2483 FAX

RELEASE FORM

Sonoma State University
School of Education

**PARENT/GUARDIAN RELEASE FORM FOR PHOTOGRAPHS,
FILMS, SLIDES, VIDEO AND AUDIO TAPE RECORDINGS OF
PUPILS ENROLLED IN _____ SCHOOLS**

Pupil's Name: _____

Classroom Teacher: _____ Grade: _____

School: _____

School Year: _____

You have my permission for film, video and audio tape recordings, slides and photographs to be made of my son/daughter in classroom activities, assessment and other school activities. I understand that the films, video and audio tape recordings, slides and/or photographs are being produced for educational purposes for the student teacher working in my student's classroom. Such records shall only be used for the following: to record and evaluate the Student Teacher/Credential Candidate teaching students in their classroom placement. Such record will be used as part of a performance assessment of the candidate by Sonoma State University that is required by State law.

_____ Yes, I give my consent.

_____ No, I do not give my consent.

Parent/Guardian Signature: _____

Date: _____

After signing, please return to your child's teacher. Thank you.