

# COLLEGE of CHARLESTON

N.E. MILES  
EARLY CHILDHOOD  
DEVELOPMENT CENTER

## CDC Classroom Work Sample/Photo Release Form

I request permission to collect/use the (attached) work samples and/or  
photographs to complete course assignment requirements for \_\_\_\_\_  
(Course #)  
\_\_\_\_\_. I understand that these items may not be  
(Course name)  
used for any other purpose and that no information may be included in the  
completed assignment that constitutes a breach of confidentiality.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Name of student)

-----

I give permission for the attached work samples to be used as described.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent signature)

- ☐ Check this box if you want the work samples/artifacts returned to  
you after the assignment/project has been completed and returned to  
the student by his/her professor.