



VIDEO PERMISSIONS FOR FIELD STUDENTS IN SCHOOL SETTINGS **WITH**  
EXISTING PARENTAL MEDIA RELEASES ALREADY ON FILE

By signing this, I affirm that I have conferred with my cooperating teacher and determined that my planned videotaping of my teaching falls within the school's existing parental video and multimedia policy. This form should be turned in at the end of the semester to your course instructor.

Field Student \_\_\_\_\_

Cooperating Teacher \_\_\_\_\_

Residency/Intern Placement (e.g. EDUC 494X Res. I, EDUC 495X Res II, EDUC 498)

\_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Date: \_\_\_\_\_

VIDEO PERMISSIONS FOR FIELD STUDENTS IN SCHOOL SETTINGS **WITHOUT**  
EXISTING PARENTAL MEDIA RELEASES ON FILE

By signing this, I affirm that I have conferred with my cooperating teacher and determined that he/she has obtained parental permission slips for all visible students in my planned videotaping of my teaching. This form should be turned in at the end of the semester to your course instructor.

Field Student name: \_\_\_\_\_

Signature: \_\_\_\_\_

Cooperating Teacher name: \_\_\_\_\_

Signature: \_\_\_\_\_

Resident/Intern Placement

(e.g. EDUC 494X Res. I, EDUC 495X Res II, EDUC 498)

\_\_\_\_\_

School:

\_\_\_\_\_

Grade: \_\_\_\_\_

Number of Students videotaped: \_\_\_\_\_

Date: \_\_\_\_\_