



To complete this form electronically,
it must be opened in Adobe Reader!

Permission to Video Record/ Photograph Student

To be completed by the parent/guardian of minor student who are involved in the project or by students who are more than 18 years of age and are involved in this project.

Date

Dear Parent/Guardian:

In order to enhance student learning and encourage excellent teaching, I am participating in video projects this school year.

These projects require short audiovisual recordings and/or photographs of lessons being taught in your child's class. Although the recordings/photographs will show or involve students, the primary focus is on instruction, not on the students. In the course of these projects, your child's image and voice may be recorded on the video, and your child may be photographed with the recordings/photographs then used internally by Arlington Public Schools (APS). Also, as part of these projects, I may submit samples of student work as evidence of teaching practices. That student work may include some of your child's work. No student last name will appear on any materials that I submit as part of these projects.

Arlington Public Schools has broad rights to use these video projects (which may include written commentary sheets, instructional materials, essays, classroom plans, assignments, and comments). APS may use these projects and student work in any way it chooses consistent with the mission of APS, which includes any activity deemed by APS to further education. For instance, without limitation, APS may use and distribute the video projects and student work, such as by posting in a password-protected online database, and grant others the same rights for educational research, and professional development purposes, and may use the video projects and student work available for viewing by a broad range of individuals, educators, and students. By providing permission below, you are granting APS a perpetual, irrevocable, royalty-free, and unrestricted license to use these video projects and any student work by your child that are submitted as part of these video projects, and to have and to use any copyrights, rights of publicity, and other rights associated with any student work, and you are releasing APS from all claims (including invasion of privacy) in connection with such use.

If you agree to your child's participation in the activities as outlined above and APS's right to use the video projects and student work in the manner described above, please sign the permission slip. APS will retain this form documenting your permission. If you do not consent to your child's participation, your child will be out of view for the recordings and photographs, and I will not include your child's work in the student work I submit.

Sincerely,

Teacher



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Permission to Video Record/ Photograph Student

School Teacher

Student Name Birth Date

Student Address

I am the parent/guardian of the child named above. I have received and read your letter regarding video projects being developed by Arlington Public Schools for enhancing student learning and encouraging excellence in teaching and agree to the following:

I **DO** give permission to you to record my child's image and voice on video and take photographs as my child participates in a class conducted

at (School Name) by (teacher)

and/or to provide APS with copies of materials that my child may produce as part of classroom activities, all on the terms and conditions described above. No last names will appear on any materials submitted to APS.

I **DO NOT** give permission to you to record my child's image and voice on video and take photographs or to reproduce as part of classroom activities.

Signature of Parent/Guardian

Date

I am the student named above. I have read and understand the project descriptions(s) given above. I understand that my performance is not being evaluated by these projects and that my last name will not appear on any materials that may be submitted.

I **DO** give permission to you to record my image and voice on video and take photographs of me as I participate in a class conducted

at (School Name) by (teacher)

and/or to provide APS with copies of materials that I may produce as part of classroom activities, all on the terms and conditions described above. No last names will appear on any materials submitted to APS.

I **DO NOT** give permission to you to record my image and voice on video and take photographs or to reproduce as part of classroom activities.

Signature of Student

Date