



ILLINOIS STATE UNIVERSITY
Illinois' first public university

Student Information Release Authorization Formal Observation Recording

(to be completed by the parents/legal guardians of minor students or by students who are 18 or more years of age)

Dear Parent/Guardian:

I am a student in a teacher education program at Illinois State University completing some of my requirements in your child's classroom this semester. One of the requirements for this semester is that I be observed by a university supervisor or instructor. Illinois State University has elected to not have university students or staff enter K-12 school buildings in order to help maintain safety for the students and families in our community. My university supervisor or instructor will need to view a recording(s) of classroom instruction and/or online instruction. Any video recordings will be used for the purpose of evaluating my teaching effectiveness. Storage of these videos will be housed on an online platform called LiveText for six (6) months. I am asking your permission to allow your child to be videotaped. Please complete the form below for granting permission. Thank you.

Sincerely,

 (Teacher Candidate Signature)

AUTHORIZATION

Student Name: _____

School/Teacher: _____

I am the parent/legal guardian of the child named above. I have received and read your letter regarding an assignment in a teacher education class at Illinois State University, and agree to the following:

I Do give permission to include my child's image and voice on video recordings during a class conducted at

_____ by _____
 (Name of School) (Teacher Candidate's Name)

Illinois State University faculty and staff may view the video for the purpose of evaluating my teaching effectiveness.

I DO NOT give permission to video record my child.

Signature of Parent/Guardian: _____ **Date:** _____

I am the student named above and am at least 18 years of age. I have read and understand the project description given above. I understand that my performance is not being evaluated by this project.

I Do give permission to include my image and voice on video recordings during a class conducted at

_____ by _____
 (Name of School) (Teacher Candidate's Name)

Illinois State University faculty and staff may view the video for the purpose of evaluating my teaching effectiveness.

I DO NOT give permission to video record me.

Signature of Student: _____ **Date:** _____ **Date of Birth:** ____/____/____
 MM/DD/YY