

UNIVERSITY of HOUSTON

COLLEGE OF EDUCATION
Curriculum & Instruction

Classroom Video Recording Permission Slip

Student Name: _____

Teacher's Name: _____

School: _____

I am the legal parent/guardian of the child named above. I have received and read the letter regarding video recording in my child's class by a teacher candidate from the University of Houston College of Education. My decision and signature are below.

Please check the appropriate box and sign below.

I DO give permission to include my child, _____ first name, voice,
Child's Name
and/or image on video as he/she participates in a class conducted at _____ by a
School Name
University of Houston College of Education teacher candidate.

I DO NOT give permission to include my child, _____ first name, voice,
Child's Name
and/or image on video lesson for the University of Houston teacher candidate.

Parent/Guardian Signature: _____

Date: _____