



**SONOMA STATE UNIVERSITY**

Office of the Dean  
School of Education  
(707) 664-2132  
(707) 664-2483 FAX

**RELEASE FORM**

Sonoma State University  
School of Education

**PARENT/GUARDIAN RELEASE FORM FOR PHOTOGRAPHS,  
FILMS, SLIDES, VIDEO AND AUDIO TAPE RECORDINGS OF  
PUPILS ENROLLED IN \_\_\_\_\_ SCHOOLS**

Pupil's Name: \_\_\_\_\_

Classroom Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

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

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

You have my permission for film, video and audio tape recordings, slides and photographs to be made of my son/daughter in classroom activities, assessment and other school activities. I understand that the films, video and audio tape recordings, slides and/or photographs are being produced for educational purposes for the student teacher working in my student's classroom. Such records shall only be used for the following: to record and evaluate the Student Teacher/Credential Candidate teaching students in their classroom placement. Such record will be used as part of a performance assessment of the candidate by Sonoma State University that is required by State law.

\_\_\_\_\_ Yes, I give my consent.

\_\_\_\_\_ No, I do not give my consent.

Parent/Guardian Signature: \_\_\_\_\_

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

**After signing, please return to your child's teacher. Thank you.**