



CONSENT TO RECORD STUDENT FOR FIELD SUPERVISION AND

STUDENT TEACHING PURPOSES

Student Name: _____ School: _____

I hereby consent to the video recording of certain classes and lessons. These classes and lessons will be recorded for the purpose of supporting the certification requirements of student teachers, or for purpose of observing the development of NYCDOE teaching staff.

I also grant permission to NYCDOE to use or release video recordings for purposes mentioned above. Recordings of these classes and lessons might capture audio and visual features of students in attendance, including the student named above.

I also hereby release the New York City Department of Education and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Signature of Parent/Guardian (if Student is under 18): _____ Date: _____

Address of Parent/Guardian:

OR

Signature of Student (if 18 or over): _____ Date: _____

Address of Student:
