



### Student Release Form

To be completed by the parents/legal guardians of minor students included in the project,  
or by students who are 18 years of age included in the project.

### PERMISSION SLIP

Student Name: \_\_\_\_\_

*Please check the appropriate line:*

\_\_\_\_\_ **I DO** give permission to you to use my child's class work and/or image on video recordings as part of video(s) showing your classroom performance to be used for the purpose of participating in CalTPA. I understand that my child's personal information (name, classwork and grade) will be kept confidential.

\_\_\_\_\_ **I DO NOT** give permission to you to use my child's class work and/or image on video recordings as part of video(s) showing your classroom performance to be used for the purpose of participating in CalTPA.

Signature of Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_



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