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: ______________________