



**PERMISSION FORM FOR INDIVIDUAL STUDENT
PICTURES
AND NAMES TO BE VIEWED DURING A
VIDEOCONFERENCE**

Section I: to be filled out by teacher

Student Name _____ Grade _____

School _____ Teacher _____

Description of
videoconference _____

Date _____ Time _____

Person to contact _____ Email _____

Section II: to be filled out by student

Please initial beside the appropriate options:

_____ I give my permission for my picture and full name to be broadcast on the
videoconference.

_____ I give my permission to be recorded on video-tape during the videoconference
by the above-named teacher.

Student Signature _____ Date _____

Section III: to be filled out by parent or guardian

Please initial beside the appropriate options:

_____ I give my permission for my child's picture and full name to be broadcast on the
videoconference.

_____ I give my permission for my child to be recorded on video-tape during the
videoconference by the above-named teacher.

I understand that I can revoke this permission at any time with a letter to the teacher. The
teacher will then remove my child's picture and/or first and last name but cannot
guarantee its complete removal from everywhere on the Internet, due to the ease of
creating links to and copying material from the Internet.

Parent or Guardian Signature _____ Date _____