

CLEVELAND STATE UNIVERSITY
School of Education & Counseling
Office of Field Services

RECORDING WAIVER FOR CSU FIELD EXPERIENCES

Student Name: _____

Student Address: _____

School: _____

Mentor Teacher: _____

I agree to the following (please check the appropriate box below):

I DO give consent to record my child during regular classroom activities. I understand that my child will be identifiable on the tape by first name only and that my child or I may discontinue participation at any point without any consequence to me or my child.

I DO NOT give permission to record my child during regular classroom activities. Please make every effort not to record my child during the class. (If you check this option, recording will still be conducted, but every effort will be made to keep your child out of the recording. If your child appears inadvertently on the video, these portions will be edited out in any videos that are shown to anyone besides me, my supervisor, and CSU faculty.)

Student Name (print)

Parent/Legal Guardian Name (print)

Student Signature

Parent/Legal Guardian Signature

Date

Date