



PHOTO/VIDEO CONSENT FORM FOR
RESEARCH STUDIES CONDUCTED IN THE SCHOOL DISTRICT

Please print.

I voluntarily grant to _____
(researcher/individual) permission to photograph or videotape my child while conducting research or
student teaching in the Clarke County School District. Photographs or videotapes will be used for
research, teaching, or professional-learning purposes only. The title of the study is

_____.

Effective dates will be from _____ to _____.

Child's name: _____

Address: _____

School: _____

I certify that I am a custodial parent/guardian and have the right to grant permission for my child to be
photographed or videotaped.

Parent's or guardian's signature: _____

Telephone number: _____

Address: _____

Today's date: _____

**COPIES OF THIS SIGNED CONSENT FORM MUST BE SENT TO THE CHILD'S
SCHOOL (FOR STUDENT FILES) AND TO THE GRANTS AND RESEARCH OFFICE
BEFORE THE RESEARCH PROJECT OR STUDENT TEACHING MAY BEGIN.**