



# STUDENT RELEASE FORM

(to be completed either by the parents/legal guardians of minor students who are involved in this project  
or by students who are more than 18 years of age and are involved in this project)

## Dear Parent/Guardian:

I am a participant this school year in an assessment to certify teachers as outstanding practitioners in teaching. My participation in this assessment, which is being conducted by the National Board for Professional Teaching Standards® (NBPTS®), is voluntary. The primary purposes of this assessment are to enhance student learning and encourage excellence in teaching.

This assessment requires that I submit short audiovisual recordings and/or photographs of lessons being taught in your child's class. Although the recordings/photographs will show or involve students, the primary focus is on my instruction, not on the students. In the course of this assessment, your child's image and voice may be recorded on the video, and your child may be photographed, with the recordings/photographs then submitted to NBPTS. Also, as part of the assessment, I may be asked to submit samples of student work (**Student Work**) as evidence of teaching practice; that Student Work may include some of your child's work. No student's last name will appear on any materials that I submit as part of my assessment.

NBPTS has broad rights to use my **Submissions** (which include my written commentary sheets, instructional materials, essays, classroom plans, assignments, and comments, but which definition excludes Student Work) and I assign to NBPTS all of my rights in and to the Submissions. NBPTS also obtains certain rights with respect to the Student Work. Specifically, NBPTS may use my Submissions and the Student Work **in any way it chooses** consistent with the mission of NBPTS, which includes any activity deemed by NBPTS to further education. For instance, without limitation, in addition to uses related to my assessment by NBPTS and its third-party assessors, NBPTS may use and distribute the Submissions and Student Work, such as by posting in a password-protected online database, and grant others the same rights, for educational, research, and professional development purposes, and may use the Submissions and Student Work in NBPTS works and publications. NBPTS may receive fees from those to whom it grants rights related to the Submissions and Student Work. These uses may make my Submissions and the Student Work available for viewing by a broad range of individuals, educators, and students. By providing permission below, you are granting NBPTS a perpetual, irrevocable, royalty-free, and unrestricted license to use any Student Work by your child that I submit as part of my assessment, and to have and to use any copyright, rights of publicity, and other rights associated with any Student Work, and you are releasing NBPTS from all claims (including invasion of privacy) in connection with such use.

If you agree to your child's participation in the activities as outlined above and NBPTS's right to use the Submissions and Student Work in the manner described above, please sign the Permission Slip. I will retain this form documenting your permission, but may provide it to NBPTS upon request. If you do not consent to your child's participation, your child will be out of view in making the recordings and photographs, and I will not include your child's work in the Student Work I submit. Thank you very much.

Sincerely, \_\_\_\_\_

(Candidate Signature)



## Student Release Form Permission Slip

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

School/Teacher: \_\_\_\_\_

Your Address: \_\_\_\_\_

PARENT/GUARDIAN

*I am the parent/legal guardian* of the child named above. I have received and read your letter regarding a teacher assessment being conducted by the National Board for Professional Teaching Standards (NBPTS), and agree to the following:

- I DO** give permission to you to record my child's image and voice on video and take photographs as my child participates in a class conducted

at (Name of School) \_\_\_\_\_

by (Teacher's Name) \_\_\_\_\_

and/or to provide NBPTS with copies of materials that my child may produce as part of classroom activities, all on the terms and conditions described above. No last names will appear on any materials submitted to NBPTS.

- I DO NOT** give permission to you to record my child's image or voice or to reproduce materials that my child may produce as part of classroom activities.

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

Date: \_\_\_\_\_

STUDENT

*I am the student* named above and am more than 18 years of age. I have read and understand the project description given above. I understand that my performance is not being evaluated by this project and that my last name will not appear on any materials that may be submitted.

- I DO** give permission to you to record my image and voice on video and take photographs of me as I participate in a class conducted

at (Name of School) \_\_\_\_\_

by (Teacher's Name) \_\_\_\_\_

and/or to provide NBPTS with copies of materials that I may produce as part of classroom activities, all on the terms and conditions described above.

- I DO NOT** give permission to you to record my image or voice or to reproduce materials that I may produce as part of classroom activities.

Signature of Student: \_\_\_\_\_

Date: \_\_\_\_\_

Date of Birth : \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YY

