



Video Consent Form

My student, _____, is currently enrolled at Fairmont State University in the _____ program. As such, I acknowledge that academic technologies, online testing, and other virtual deliveries of content may require the audio and/or visual recording of my student for educational purposes.

By signing this form, I hereby consent to and give my permission for my student to be auditorily and/or visually recorded for educational purposes.

Student's Name (please print): _____

Name of Parent/Guardian (Please print): _____

Signature of Parent/Guardian: _____ Date: _____