Teacher Candidate Release Form

As a teacher candidate I, ________________________________, (name of teacher candidate) request permission to reproduce video, CDs, photographs, print materials, and other student work for my professional use and for professional use by the Fairmont State University School of Education faculty.

RELEASE INFORMATION FOR AN ADULT AND/OR STUDENT

I, ________________________________ (name of adult and/or student),
and ________________________________ (name of parent/guardian, if applicable),
assign to ________________________________ (name of teacher candidate) and the Fairmont State University School of Education faculty permission to copy and reproduce video, CDs, photographs, print materials, and other student work for professional purposes.

Signature of Adult/Student ____________________________________________________________

Signature of Parent/Guardian __________________________________________________________

Witness ____________________________________________________________

Date ____________________________________________________________

Address ____________________________________________________________

Phone Number (_______) ____________________________________________________________