



SCHOOL OF EDUCATION
1201 Locust Avenue
Fairmont, WV 26554

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 _____

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