



LEANDER INDEPENDENT SCHOOL DISTRICT

204 W. South Street
P.O. Box 218
Leander, Texas 78646
(512) 434-5000

PARENT CONSENT FOR VIDEOTAPING

Leander ISD requests parental permission to film your child in special education classrooms within the school setting, for educational use and review. We ask that you indicate below whether you do or do not give your consent for your child to be videotaped for such purposes.

You may access and view any videotapes of your child. Please request an appointment from the campus Principal for such purposes. The District is prohibited from disclosing to you videotapes of any other student than your own child, or videotapes containing images of students other than your own child.

YES	NO	I consent and give my permission for the Leander ISD to videotape my child, _____, within special education classrooms for the purposes of educational use and review during the Academic Year, 20__ - 20__.
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The consent shall be considering effective for the duration of the school year indicated herein, or until revoked in writing.

Signature of Parent/Guardian or Adult Student:

Date:

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I hereby revoke my consent given above for videotaping of my child in special education classrooms in the Leander Independent School District.

Signature of Parent/Guardian or Adult Student:

Date: