

CONSENT FOR VIDEOTAPING, AUDIOTAPING, AND/OR PHOTOGRAPHING STUDENT

As parent/legal guardian of _____ student, I give consent for the School Association for Special Education In DuPage County ("SASED") to videotape, audiotape, and/or photograph the student at school, and/or school-related activities or events, for instructional purposes.

I understand that any videotape, audiotape, and/or photograph of the student made for instructional purposes will become part of his/her temporary school student records. I understand that I have a right to inspect and copy any videotape, audiotape, and/or photograph made of the student that becomes a part of his/her temporary school student records.

I understand that I may revoke my consent to future videotaping, audiotaping, and/or photographing of the student in writing at any time. However, I understand that any such written revocation of consent will not affect any videotape, audiotape, and/or photograph of the student made prior to such revocation.

PARENT/GUARDIAN SIGNATURE

Date