

School Administrative Unit #61

35 School Street

Farmington, NH 03835

Tel. 603-755-2627 Fax 603-652-1317

Ruth Ellen Vaughn ***Janna Mellon*** ***Misty McBrierty*** ***Diana DeNitto***
Superintendent of Schools **Business Administrator** **Dir. of Curriculum & Instruction** **Dir. of Student Services**

Request to Parent and Guardian for a Release to Record Form

Dear Parent/Guardian:

During this time of remote instruction, your school district will be utilizing online resources to provide continuing classroom instruction to students. In order to ensure that every child in the class receives the instruction, the online instruction will be video and audio recorded so that it can be accessed at a later time. The primary focus of the video and audio recording will be on the instruction and the teacher, not on the students in the class. However, questions and comments asked and spoken by students will be part of the recording. Only students assigned to that specific class will have access to the video recording. Otherwise, the recordings will not be made public by the online vendor or the school district in any capacity. The form provided below will be used to document your permission for these activities. Please return this form to the main office at your school—either in physical or electronic format. We need one for each student, please.

Sincerely,



Ruth Ellen Vaughn

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STUDENT RELEASE FORM

(This form is to be completed either by the parents/legal guardians of minor students participating in online instruction or by students who are 18 or more years of age that are participating in online instruction)

Student Name: _____ Grade: _____

Teacher (for gr. K-5)/Advisory teacher (for gr. 6-12): _____

I am the parent/legal guardian of the child listed above. I have read and understand that online instruction will be subject to video and audio recording and as such, video images and/or audio recordings of my child might be captured.

- I DO give permission for the video and audio recording of online instruction.

Signature of Parent or Guardian: _____ Date: _____ -

OR

I am the student named above and am more than 18 years of age. I have read and understand that online instruction will be subject to video and audio recording and as such, video images and/or audio recordings of myself might be captured.

- I DO give consent for the video and audio recording of online instruction.

Signature of Student: _____ Date: _____