

Video Release Form

Pursuant to the Illinois School Student Records Act (ISSRA) and the Family Educational Rights and Privacy Act of 1974 (FERPA), the District cannot disclose personally identifiable information contained in a student's education records without the parent's written consent, except to the extent that ISSRA and FERPA authorize disclosure without consent.

A parent may grant any third party permission to review all videos, audio, and or images maintained by the District regarding his/her/their child by completing this form and returning it to [INSERT NAME OR TITLE].

I, _____, authorize the review of:

All videos, audio, or images maintained by the District regarding my child, _____

OR

A portion of my child's videos, audio, or images maintained by the District and described below, (only fill in if second box is checked): _____

To: (person(s) to whom disclosure should be made)

Full Name: _____ Relationship to Student:

Full Name: _____ Relationship to Student:

Purpose of Request: _____

I understand and agree that my child's name and identity may be revealed in the images and/or recordings. I agree that all such images and/or recordings shall remain the property of Franklin Jefferson Special Education District, and may be used to form decisions for student discipline and/or educational programming at Franklin Jefferson Special Education.

In giving this authorization, I knowingly and willingly waive all privacy and confidentiality rights to which I am entitled under Federal or State law or under Board of Education policies. I further agree to hold the Board of Education at the Franklin Jefferson Special Education District, its officers, employees, representatives, agents and assigns free and harmless from any and all lawsuits or causes of action which may arise as a result of this authorization. I further understand that I may revoke this consent at any time upon written notice to the District.

Signature

Date

Video Release Form

Pursuant to the Illinois School Student Records Act (ISSRA) and the Family Educational Rights and Privacy Act of 1974 (FERPA), the Franklin Jefferson Special Education District (the District) cannot disclose personally identifiable information contained in a student's education records without the parent's written consent, except to the extent that ISSRA and FERPA authorize disclosure without consent.

On [DATE], the District received a request from [NAME OF REQUESTER] to review all videos, audio, and images maintained by the District about the [DESCRIBE INCIDENT] on [DATE]. The requested videos, audio, and images regarding the incident identify your child, [NAME OF CHILD], and have been maintained by the District to form decisions for student discipline and/or educational programming at the District.

The District cannot show [NAME OF REQUESTER] the requested videos, audio, or images without your voluntary written consent. Please indicate whether you agree to or prohibit the requested review:

I agree to the video, audio, and/or image review requested by [NAME]. I understand and agree that my child's identity and actions may be revealed in the requested videos, audio, and images maintained by the District. I further understand that I may revoke this consent prior to the review upon written notice to the District.

I do not agree to the video, audio, and/or image review requested by [NAME].

Signature

Date

Video Release Form

School: Oakland Education Center

Location of Video Surveillance: _____

Name of Individual Seeking Release of Video: _____

Intended Use of Video Recording/Images: _____

Date/Time of Release: _____

Signature of Parent/Guardian

Date

Signature of Building Supervisor

Date

Signature of Director of Special Education

Date