



SIUE EARLYCHILDHOOD CENTER
Classroom Work Sample/Photo Release Form

I request permission to collect/use the (attached) work samples and/or photographs to complete course assignment requirements for _____.
(Course title and #)

I understand that these items may not be used for any other purpose and that no information may be included in the completed assignment that constitutes a breach of confidentiality.

Signed _____ Date _____ (Student signature)

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I give permission for the attached work samples to be used as described.

Signed _____ Date _____ (Parent signature)

- Check this box if you want the work samples/artifacts returned to you after the assignment/project has been completed and returned to the student by his/her professor.