



Grand Canyon University

Don't Miss a Day of Your Future!™

3300 West Camelback Road, Phoenix Arizona 85017 602.639.7500 Toll Free 800.800.9776 www.gcu.edu

Video Recording Permission Request

This letter is in regards to _____, a student currently enrolled in a Grand Canyon University regionally accredited and Arizona-approved program. This program is offered by the College of Education for students who are preparing for a teaching career and are seeking initial teacher licensure. Student teaching is the culminating experience in the Teacher Candidate's academic Program of Study.

As part of the evaluation process, the Teacher Candidate requires a short video teaching a lesson. The video will focus primarily on the Teacher Candidate, but may also involve students in the classroom. The purpose of the video is for reflection and professional development for the Teacher Candidate, and evaluation by the Faculty Supervisor. The videos will be uploaded to a secure, password protected site which uses authenticated URLs and tracks the activity of all users and IP addresses.

Please complete the Permission Form below by writing your child's name, parent name, and sign the parental approval of this request. Thank you for supporting the development of our GCU Teacher Candidate!

College of Education
Grand Canyon University
3300 W. Camelback Road Phoenix, AZ 85017

Video Recording Permission Form

I give my permission to film (including audio and video) my child as he/she participates in a class instructed by the GCU Teacher Candidate at my child's school. I understand that my child's last name will not be used. Approval, compensation or copyright interests will not be offered to parents or students.

Student Name:	Date:
Parent Name:	Parent Signature: