

## Student Video/Photo Consent Form and FERPA Release ("License")

NAME	[License version 20220120]
UVID	PHONE
EMAIL	<u> </u>
In connection with my participation in the following class/lab	("Class")
lunderstand that instructional sessions, interactive and adaptive simphotographed to facilitate learning and instruction.	mulations, and projects are video/audio recorded and

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Student Signature	Date

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Signature of Parent/Guardian (if student is under age 18)	Date	
Printed Name of Parent/Guardian		