

# COLLEGE of CHARLESTON

N.E. MILES  
EARLY CHILDHOOD  
DEVELOPMENT CENTER

## CDC 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 #)  
\_\_\_\_\_. I understand that these items may not be  
(Course name)  
used for any other purpose and that no information may be included in the completed assignment that constitutes a breach of confidentiality.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Name of student)

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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.