

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)

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.