

**Baldwin County Board of Education Lecture/Classroom Instruction Capture Consent Form**

I, (the undersigned), understand that the Baldwin County Board of Education utilizes video and audio teleconference as part of its school operations including but not limited to: distance learning, virtual school programs, instructional videos, security footage, and video/teleconferences. As a student in this school system, I am enrolled in a class that may be audio or video recorded and that recordings and digital learning is intended to supplement my classroom experience and/or to continue the classroom experience if remote learning is necessary. I was informed or made aware of this by the school system before the start of the event. I hereby permit the Baldwin County Board of Education to release educational records that consist of my voice or likeness as I participate in classes this school year. I am consenting to allow these materials to be used for educational purposes, including for institutional review of instruction and for the education of myself and other students, as well as to allow the Board of Education to publicize and promote its educational programs. I understand this means that third parties may be permitted access to the recordings. I understand that I will receive no money or remuneration of any kind from the Board of Education related to this consent and release, or the materials covered by this consent or release. I acknowledge that I do not have the right to approve any materials developed by the Board of Education as authorized.

Further, I understand that I am expected to follow all Board and campus policies and procedures and maintain the security of passwords used to access these virtual learning platforms. I understand and accept that live streaming and recordings may not be captured or reproduced, shared with those not in the class, or uploaded to other online environments because doing so would be a breach of the Baldwin County Board of Education's Acceptable Use Policy.

I understand that my consent here is independent of and separate from any other directive or consent I may have given to the Board of Education with regard to the release of my voice or likeness (such as for the release of Directory Information).

I understand my consent and release are voluntary and not a condition or requirement of my participation in this class or event.

\_\_\_\_ I consent and agree to the above terms

\_\_\_\_ I do not agree and consent to the above terms.

Campus \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_

Student name (please print) \_\_\_\_\_

Student signature \_\_\_\_\_ Date \_\_\_\_\_

**Parents/guardian if student under age 18:** Please print your name and sign below to indicate that you have read and understood the above terms.

Parent/guardian name if under 18 \_\_\_\_\_ Date \_\_\_\_\_

Parent/guardian signature if under 18 \_\_\_\_\_ Date \_\_\_\_\_

**This form MUST be signed and returned to your homeroom teacher before you may access digital materials. The homeroom teacher will keep a copy of the form and will work with the administration to ensure the original form is retained in the appropriate office.**