

## Audio and Video Recording in Harford County Public Schools

I have viewed the narrated Power Point outlining the parameters for audio and video recording in Harford County Public Schools. I agree to abide by the following:

Please initial next to each statement:

- \_\_\_\_\_ Prior to any audio or video recording, I will speak with my host teacher and my Principal providing details about the purpose and plan for the recording.
- \_\_\_\_\_ Prior to any audio or video recording, I will identify any student whose parents have already indicated he or she may not be recorded.
- \_\_\_\_\_ Prior to any audio or video recording, I will obtain written permission from each student's parent(s)/guardians.
- \_\_\_\_\_ I will keep the original copy of each permission form with the school.
- \_\_\_\_\_ I will only use the audio or video recording for my University's intended purpose.
- \_\_\_\_\_ I will not publish or distribute the audio or video recording in any way other than its intended purpose.
- \_\_\_\_\_ I will not place any portion or the entirety of any audio or video recording on any social Media or other Internet-based site.
- \_\_\_\_\_ I will delete all copies of the audio or video recording once it has been submitted for its intended purpose to my University.
- \_\_\_\_\_ I understand that the consequences of inappropriately using, distributing, posting, or saving my audio or video recordings could include disciplinary action by my University and dismissal from my placement and any possible future placements in Harford County Public Schools.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
University

\_\_\_\_\_  
HCPS Placement School(s)

After reviewing the PowerPoint presentation, please complete and return this form to the Office of Professional Development via email or fax to 410-588-5370.