**UNIVERSITY LANGUAGE ACADEMY FOR CHILDREN**

**CONSENT FORMS**

**2017-2018**

**==========================================================**

*(Circle one)*

**YES NO** **1. PHOTOGRAPHIC/VIDEO TAPING/ELECTRONIC SCANNING CONSENT**

 I authorize the officers, agents and employees, or any of them, to use, publish such photographs in such media of communications as may benefit the Board of Trustees of the University of Illinois together with such identification pertaining thereto as may be reasonably necessary, except that no product advertising use may be made of such photographs, videotapes or electronically scanned photographs. I also give permission for such photographs to be included in publications resulting from presentations about the University Language Academy for Children and advertising of our program.

**YES NO** **2. PHOTOGRAPHIC/VIDEO TAPING CONSENT**

 I authorize University of Illinois teachers, student teachers, practicum students and visiting scholars to take and use photographs and video clips of lessons and classroom activities for class projects and professional portfolios (without identifying names).

**YES NO** **3. PARENTAL CONSENT FORM FOR COMPUTER NETWORK ACCESS**

 I understand that the internet is a world-wide group of hundred of thousands of computers that gives students access to information around the globe. I understand that e-mail gives students the capability to engage in a dialogue with students, faculty and experts anywhere there are internet facilities. I give permission for my child to use the Internet and e-mail.

**YES NO** **4. PHOTOGRAPHS ON THE UNIVERSITY LANGUAGE ACADEMY WEBSITE AND PROMOTIONAL BROCHURES/POSTERS**

 Projects and classroom activities are documented through the Language Academy website. I understand that no names will be attached to photographs that are used for dissemination purposes. I give permission for my child’s photograph to be used on the Language Academy Website, brochures and posters.

Child’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_