# SUMNER COUNTY EDUCATIONAL SERVICES INTERLOCAL, District 619

**2612 N. A St.**

**Wellington, KS 67152**

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**Amanda Lowrance, Director**

# RELEASE FOR VIDEO TAPING AND SHARING OF INFORMATION

## Date:

**Re:**

I give my permission for the school to video tape my child, at various and unscheduled times while the child is in the special education classroom. I understand the contents of the video will be shared with

This video is being made in order to regulate his/her educational needs. This consent to video and share contents with the above named person/s and school staff (USD and INT 619) will be in effect through the school year or until I withdraw my permission in writing.

**AUTHORIZATION:** I have read and do understand the above request. I do hereby give consent to videotaping of my child and sharing contents with staff and the professional(s) listed above.

***Parent/Guardian Signature:***

# Date:

**Witness:**

**Date:**

**Argonia Belle Plaine Caldwell Oxford South Haven**