



To complete this permission slip online, please visit:

In English: <https://cutt.ly/Seal-permission-slip>

In Spanish: <https://cutt.ly/permiso>



Seal of Biliteracy: Permission Slip and Release of Information

Student Instructions: To qualify to take the Seal of Biliteracy, all students must have both sections filled out, signed and returned to the participating high school by January 31, 2020.

Date:	Grade:
First Name:	School:
Last Name:	Language(s):

For additional information, visit the CT Seal of Biliteracy Website at: <https://ctcolt.org/seal-of-biliteracy/>

Parent Authorization to Participate (must be completed to participate) In accordance with the Family Educational Rights and Privacy Act (FERPA) I authorize the school to release test scores for my student. I understand this information will only be used to consider the student for the Seal of Biliteracy

Date: _____

Parent Name (please print): _____

Parent Signature: _____

Parent Video Release

I hereby give my permission to Hartford Public Schools, as the parent/legal guardian of the participating student named above, to videotape, photograph and reproduce video footage, photographs or voice recordings of this participating student. I understand that the use of my student’s image and voice will be primarily for the purposes of education and/or promotion of the State Seal of Biliteracy at the Hartford Board of Education.

I give Hartford Public Schools permission to list the names of awardees on the hartfordschools.org Education website.

The signature below indicates my permission for Hartford Public Schools to use video footage, photographs or voice recordings for the project described below.

Video footage, photographs or voice recordings may be used for the following purposes:

- Educational presentations
- Educational television broadcast
- Conference presentations
- Video clip on the Hartford Public Schools web site
- Informational presentations

There is no time limit on the validity of this release nor is there any geographic specification of where these materials may be distributed. This release applies to video footage, photographs, or voice recordings collected as part of the Hartford Public Schools Seal of Biliteracy projects listed on this document. I have received a copy of this release form.

Date: _____ Phone: _____

Parent Name (please print): _____

Parent Signature: _____