



McGill

Internships and Stages et
Student Affairs affaires étudiants

**Authorization for photography
photos,
audio and video recording
or reproduction of documents**

Dear Sir/Madam,

As part of my training, I'm required to carry out academic work which may involve recording teaching sequences and presenting student productions. This will enable me to analyze my practice and develop my professional skills. The documents collected will be used only for the purposes of my training and will be kept within the time limits set for my evaluation (up to a maximum of one year).

Please be assured that all measures will be taken to respect the confidentiality of student information. Only those involved in my training will have access to the material collected.

Your authorization is an important contribution to training programs aimed at better understanding real-life teaching situations. Thank you for your valuable cooperation.

Student Teacher :

Name :
First Name :
Field Experience:
School :
Signature :

Section to be completed by parents or student aged 14 or over

Student :

Name :
First Name :

I hereby authorize :	Yes	No
• taking photos		
• recordings in which the student appears (visually or audibly)		
• broadcasting closed-circuit recordings of teaching performances for learning or evaluation purposes		
• reproduction and closed-circuit distribution for learning or assessment purposes of written or visual documents produced by the student.		

(continued on reverse)



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- I irrevocably and unconditionally waive any and all remedies, rights and claims of any nature whatsoever against the Intern and/or McGill University that may arise from the exercise of this authorization including any and all claims of defamation, damages and invasion of privacy.
- I grant this authorization free of charge.
- I agree that this authorization is valid for the duration of the trainee's training.
- I acknowledge that I have read and understand the meaning and scope of the present authorization, which will be governed by the laws applicable in the province of Quebec (Canada).
- I declare that I am the parent or guardian of the above-named student and certify that this authorization is signed with my full consent and approval and that no other signature or authorization is required in order to make this authorization valid and binding.

Name of parent, guardian or student

Signature of parent, or student

Date

This authorization may be revoked at any
time by written notice sent to: placements.education@mcgill.ca