



SMU

ANNETTE CALDWELL SIMMONS
SCHOOL OF EDUCATION
& HUMAN DEVELOPMENT



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Consent Form For School Parents/Guardians

I _____ do hereby give Southern Methodist University and its employees and faculty my full permission to videotape me during the focus group. I understand that the information gathered during the focus group will be used for educational and research purposes only.

Also, it is my understanding that neither Southern Methodist University nor its representatives will reproduce said video or likeness for any commercial value or receive monetary gain for use of any reproduction/broadcast of said video or likeness.

It is understood that the educational research team may use this material/data with or without my name at its discretion in educational related conferences and meetings. I further release and relieve Southern Methodist University, its Board of Trustees, faculty, employees or other representatives from any liabilities, known or unknown, arising out of the use of this material.

I, _____, certify that I have read the consent and release of liability statement and fully understand its terms and conditions. I understand that the opportunity to participate is given by Southern Methodist University and I consent to participate in this focus group.

Name of School: _____

Your Home Address: _____

Phone Number: _____

Print name

Signature

Date _____