

STUDENT WORKS & CLEARANCE CONSENT FORM

This document gives Lock Haven University permission to use works created by students in the course of their studies for educational purposes. This does not mean that the student loses ownership rights over their works – simply that Lock Haven University has permission to use these work samples. It also gives Lock Haven University permission to use pictures, sound and video of students in the course of the educational process.

Student Name (please print) _____

Student ID Number: _____ Year of Entry to LHU: 20 __ __

Education Major: _____ Email: _____

Local Address: _____

Home Address: _____

1. During the course of my studies provided by Lock Haven University, I may create works which attract intellectual property rights (for example, copyright.) These works may form part of my academic assessment or my studies generally.
2. These works might include my written work (e.g., stories and poems,) paintings, pictures, drawings, designs, photographs, videos, films, music, performance, computer programs, web sites, sculptures, fashion or costume, metal or wood works or any other works I create.
3. Lock Haven University may record sound and/or video of me and my works while I am at the university or taking part in university-related activities or performances.
4. Lock Haven University understands that I own the intellectual property rights in my Works, my sound and my video, and that this consent form is not meant to transfer my ownership.
5. I give permission to Lock Haven University to use my works, my sound/video, and/or my name for educational or research purposes. The University's right to use my works is subject to protections afforded me under federal privacy statutes and regulations. I will not withdraw the permission I have given, and Lock Haven University understands that I may choose to give this permission to other people.
6. In accordance with existing intellectual property statutes and regulations, Lock Haven University may reproduce my works in any form, in whole or in part, and distribute them by any medium including the Internet, DVD, CD-Rom, or other multimedia uses.
7. I understand that I will not be paid by Lock Haven University for giving this permission.

Student Signature _____ Date _____

CLEARANCE CONSENT ON BACK

Lock Haven University of Pennsylvania

OFFICE OF STUDENT TEACHING AND FIELD EXPERIENCE

CLEARANCE CONSENT FORM

I, _____, do hereby give my permission for the release of my Child Abuse Clearance, Criminal Record Check, FBI Clearance and TB Test Record that indicates I have valid background check documents and free from risk of transmitting Tuberculosis disease to all charter schools, intermediate units, school district officials, schools, private schools, agencies, and day care centers sites.

By signing this form, I also give my permission to share information such as name, major, dates of placements; which are provided to institutions such as charter schools, intermediate units, school districts officials, schools, private schools, agencies and day care center sites.

Printed Name

Signature

Date