**Consent and Video Release Form - Children**

**PRODUCTION**: **Video content for “Innovative Financing in Education and Development: Case Studies and Multi-Media Material for E­Learning project”**

This video is being recorded to produce teaching material for professionals working in the field of education finance around the globe. The video will be part of a multimedia case study and other teaching material that is being developed by TISS with NORRAG under the SUDAC-COFER supported project for capacity building in **Innovative Financing in Education and Development**. This material will be made available to a wide audience in various forms like NORRAG and TISS websites and other online course websites (like FutureLearn).

Child’s Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I authorise the researchers and agents of TISS to record *my child’s* image (named above) for the production work mentioned above. I have taken note that TISS agree not to use the sequences representing the *child* for purposes other than those described in this consent form without my prior consent. I authorise TISS to use the sequence representing the *child* and/or any interview statements in the video for its publication, information dissemination or other media activities by any means of diffusion including Internet, without any restriction and without limit of time and place. I acknowledge that I or my *child* will not receive any compensation or other remuneration, now or in the future for the video.

Parent/Guardian Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Signature (for approval) Place and date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_