



**Hoke County Schools
Confidential Video Viewing Parent/Eligible Student Agreement**

Dear Parent/Eligible Student:

Hoke County Schools is providing you with the opportunity to inspect and review video footage directly related to your student. This video footage may also include other students and may be considered an education record of more than one (1) student.

By signing below, you acknowledge and agree to the following:

- You are inspecting and reviewing this video solely for the purpose of viewing content of the video directly related to your student.
- You will not record, photograph, screenshot, reproduce, or share the video or any portion of the video in any manner.
- You will uphold the confidentiality of any other students involved in the video.

Parent/Eligible Student Signature: _____

Date: _____

Administrator Signature: _____

Date: _____

FOR COMPLETION BY SCHOOL ADMINISTRATOR

School: _____

School Administrator: _____

Student Name: _____

Parent/Eligible Student Name: _____

Date of Video Viewing: _____