



CALIFORNIA STATE UNIVERSITY, LONG BEACH
COLLEGE OF EDUCATION

Multiple Subject Credential Program
Single Subject Credential Program
Urban Dual Credential Program

(Print) Teacher Candidate Name

ADMINISTRATOR RELEASE FORM*

**To be completed by the administrator responsible for the class in which the above-named teacher candidate will be using student work samples anonymously and videotaping as part of the California Teaching Performance Assessment (CalTPA)*

Administrator: _____ Title _____

School Name: _____

Address _____

I am the administrator of the school named above. I have received permission slips from each student's parents/guardians in Teacher Candidate _____'s class whose work samples will be used anonymously and who will be participating in the videotaping for the California Teaching Performance Assessment (CalTPA). The permission slips are on file at the school.

Administrator signature: _____ Date: _____

**This form should only be filled out by an administrator in a school that has parents/guardians who complete Student Release Forms at the beginning of the school year and keeps them on file.*