

For Connection Assistance Call
 903/988-6940.
 For Attendance, FAX this form
 to DIGITAL LEARNING,
 903-988-6965.



Session Title: _____
 Session # _____
 Date: _____
 Time: _____
 Location _____

Region 7 Education Service Center
 Participant Attendance Roster/Photograph Waiver

I understand that in a Distance Learning Classroom my voice, physical presence and participation in activities will be transmitted to distance learning sites and may be taped for future use in an educational setting. I hereby agree that my voice, presence, and participation in these events will not be a violation of my personal rights and hereby release any claims for use of such.

Remember to PRINT your name for staff development credit.

Signature	Print Name	E-Mail Address	District Name	Campus	Position – Circle One
					Teacher Admin Student Other
					Teacher Admin Student Other
					Teacher Admin Student Other
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Disclaimer:
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