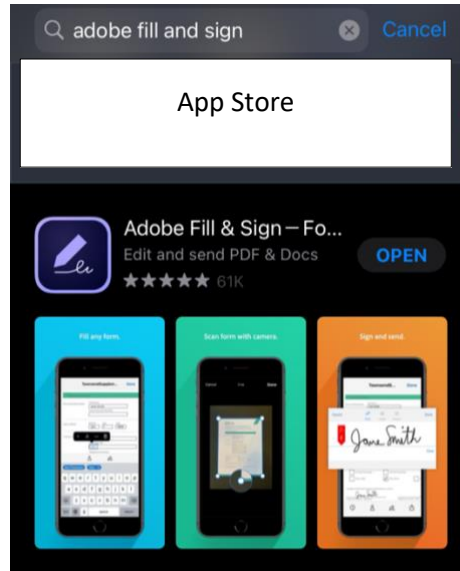
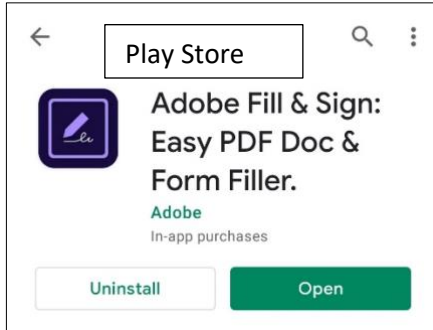


Using Adobe Fill & Sign App to Sign a PDF

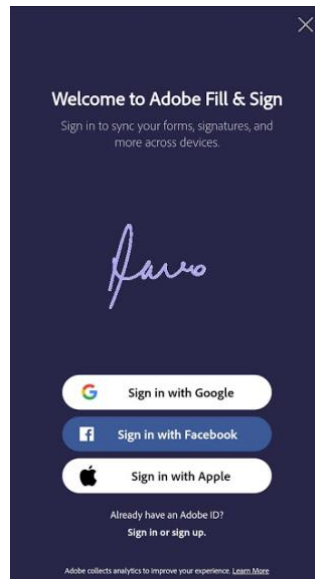
Download Adobe Fill & Sign App

Go to Play Store (Android) or App Store (Apple iOS) > Search Adobe Fill & Sign: Easy PDF Doc & Form Filler



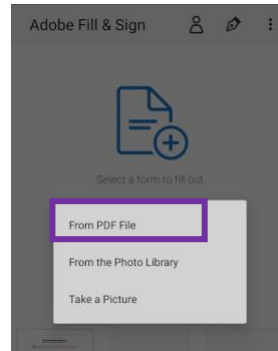
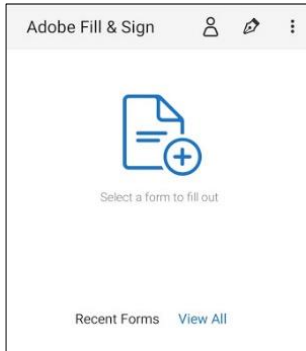
Setting up Adobe Fill & Sign App

Open the app > Login using a Google, Facebook, or Apple account OR sign-up for Adobe ID

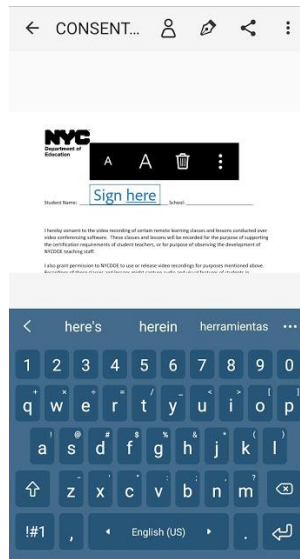


Android: Filling-out and Signing a PDF Form

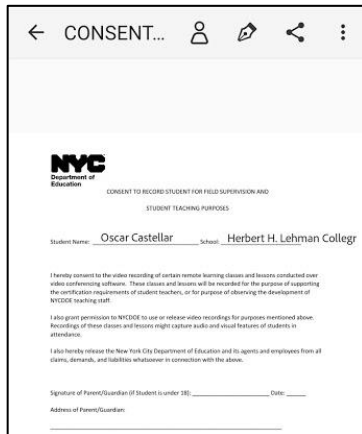
Open form by clicking on link or download from email > Open app > Click on Select a form to fill out > Select From PDF File



To Add Text: Click into a field in the form (e.g. Name, School, etc.) and type in text



To Add Signature: Click on Signature icon > Select Create Signature”



← CONSENT... [Signature Icon] [Share Icon] [More Icon]

NYC
Department of Education

CONSENT TO RECORD STUDENT FOR FIELD SUPERVISION AND STUDENT TEACHING PURPOSES

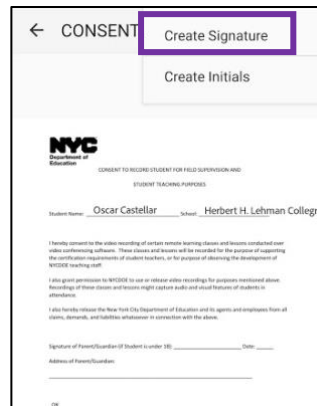
Student Name: Oscar Castellar School: Herbert H. Lehman College

I hereby consent to the video recording of certain remote learning classes and lessons conducted over video conferencing software. These classes and lessons will be recorded for the purpose of supporting the certification requirements of student teachers, or for purposes of observing the development of NYDOE teaching staff.

I also grant permission to NYDOE to use or release video recordings for purposes mentioned above. Recordings of these classes and lessons might capture audio and visual features of students in attendance.

I also hereby release the New York City Department of Education and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Signature of Parent/Guardian (if Student is under 18): _____ Date: _____
Address of Parent/Guardian: _____



← CONSENT... **Create Signature**
Create Initials

NYC
Department of Education

CONSENT TO RECORD STUDENT FOR FIELD SUPERVISION AND STUDENT TEACHING PURPOSES

Student Name: Oscar Castellar School: Herbert H. Lehman College

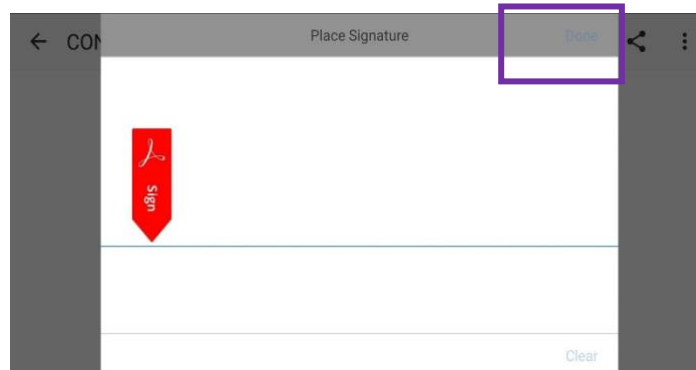
I hereby consent to the video recording of certain remote learning classes and lessons conducted over video conferencing software. These classes and lessons will be recorded for the purpose of supporting the certification requirements of student teachers, or for purposes of observing the development of NYDOE teaching staff.

I also grant permission to NYDOE to use or release video recordings for purposes mentioned above. Recordings of these classes and lessons might capture audio and visual features of students in attendance.

I also hereby release the New York City Department of Education and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Signature of Parent/Guardian (if Student is under 18): _____ Date: _____
Address of Parent/Guardian: _____

> Using a finger or stylus add signature > Click Done



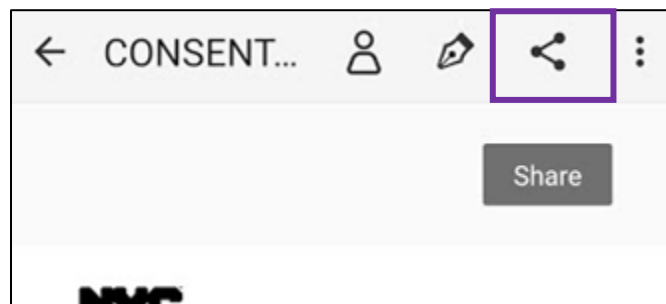
← CON... Place Signature **Done** [Share Icon] [More Icon]

Sign

Clear

> Drag and drop signature in field in the form for signature

To Return Signed Form: Click Share > Select Mail app, etc.



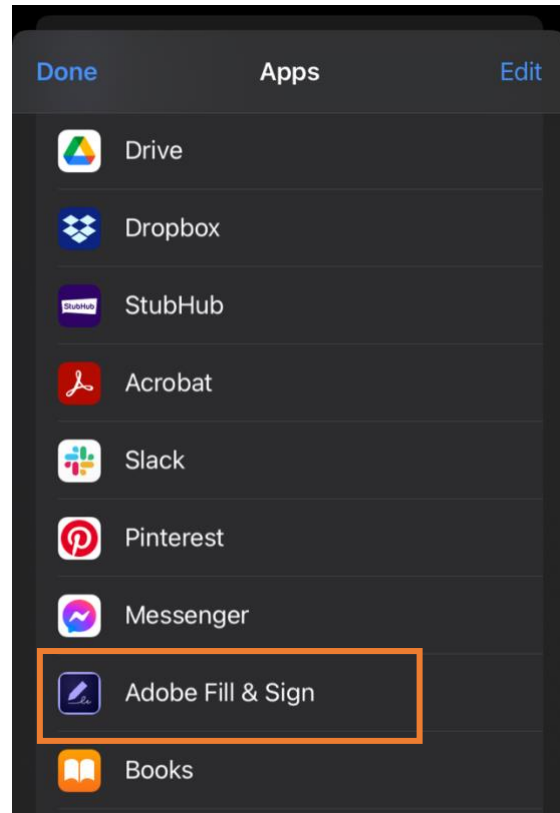
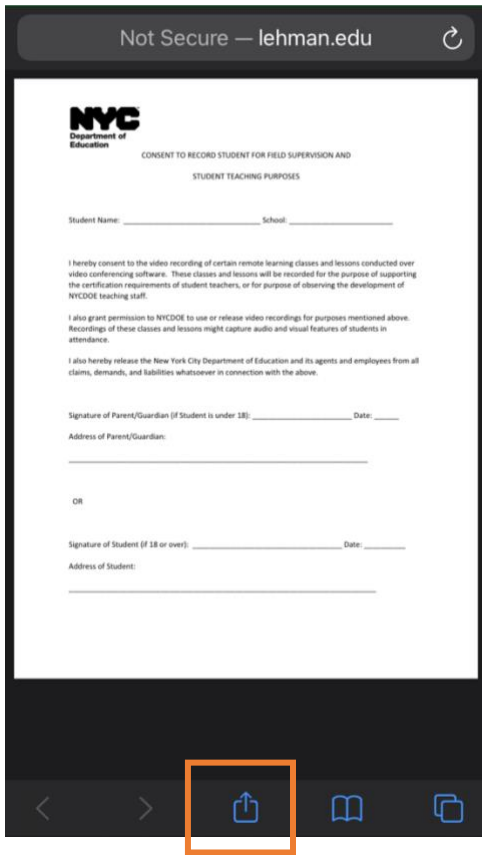
← CONSENT... [Signature Icon] **[Share Icon]** [More Icon]

Share

NYC

Apple iOS: Filling-out and Signing a PDF Form

Open form by clicking on link or download from email > Click Share > Select app



To Add Text: Click into a field in the form (e.g. Name, School, etc.) and type in text



To Add Signature: Click on Signature icon > Select Create Signature”



CONSENTFORVID... Done

NYC
Department of Education

CONSENT TO RECORD STUDENT FOR FIELD SUPERVISION AND STUDENT TEACHING PURPOSES

Student Name: _____ School: _____

I hereby consent to the video recording of certain remote learning classes and lessons conducted over video conferencing software. These classes and lessons will be recorded for the purpose of supporting the certification requirements of student teachers, or for purpose of observing the development of WTCODE teaching staff.

I also grant permission to WTCODE to use or release video recordings for purposes mentioned above. Recordings of these classes and lessons might capture audio and visual features of students in attendance.

I also hereby release the New York City Department of Education and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Signature of Parent/Guardian (if student is under 18): _____ Date: _____
Address of Parent/Guardian: _____

OR

Signature of Student (if 18 or over): _____ Date: _____
Address of Student: _____

Bottom navigation bar: ? [Signature icon highlighted] Upload



CONSENTFORVID... Done

NYC
Department of Education

CONSENT TO RECORD STUDENT FOR FIELD SUPERVISION AND STUDENT TEACHING PURPOSES

Student Name: _____ School: _____

I hereby consent to the video recording of certain remote learning classes and lessons conducted over video conferencing software. These classes and lessons will be recorded for the purpose of supporting the certification requirements of student teachers, or for purpose of observing the development of WTCODE teaching staff.

I also grant permission to WTCODE to use or release video recordings for purposes mentioned above. Recordings of these classes and lessons might capture audio and visual features of students in attendance.

I also hereby release the New York City Department of Education and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

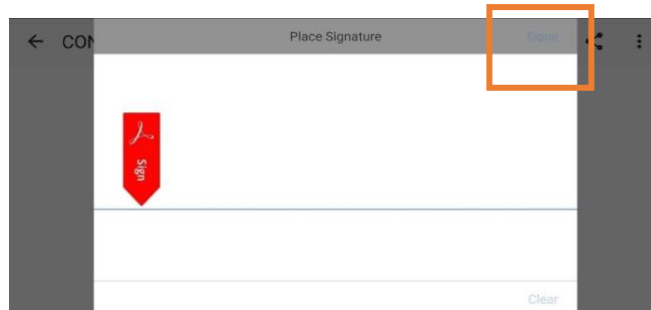
Signature of Parent/Guardian (if student is under 18): _____ Date: _____
Address of Parent/Guardian: _____

OR

Signature of Student (if 18 or over): _____ Date: _____
Address of Student: _____

Buttons: Create Signature (highlighted), Create Initials, Cancel

> Using a finger or stylus add signature > Click Done



← CON Place Signature Done

PDF icon

Clear

> Drag and drop signature in field in the form for signature

To Return Signed Form: Click Share > Select Mail app, etc.

CONSENTFORVID... Done

NYC
Department of
Education

CONSENT TO RECORD STUDENT FOR FIELD SUPERVISION AND
STUDENT TEACHING PURPOSES

Student Name: _____ School: _____

I hereby consent to the video recording of certain remote learning classes and lessons conducted over
video conferencing software. These classes and lessons will be recorded for the purpose of supporting
the certification requirements of student teachers, or for purpose of observing the development of
NYCDOE teaching staff.

I also grant permission to NYCDOE to use or release video recordings for purposes mentioned above.
Recordings of these classes and lessons might capture audio and visual features of students in
attendance.

I also hereby release the New York City Department of Education and its agents and employees from all
claims, demands, and liabilities whatsoever in connection with the above.

Signature of Parent/Guardian (if student is under 18): _____ Date: _____
Address of Parent/Guardian: _____

OR

Signature of Student (if 18 or over): _____ Date: _____
Address of Student: _____

🔍 👤 ✍️ **📄**

