 **Department of Counseling & Student Affairs
Clinical Mental Health / Marriage, Couple, & Family
Information and Consent Document**

**Permission to Videotape**

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| I,  |  | , hereby grant my permission for |  | , |

a student in the Department of Counseling and Student Affairs at Western Kentucky University, to record the session on tape.

I understand the following:

* My participation is voluntary
* My identity will not be revealed
* The tape will be used for training purposes only
* The professor(s) and/or other trainee(s) who hear (or see) this are bound by ethical code not to discuss the tape outside of the training setting
* The student who conducts this session is bound by ethical code not to discuss this tape outside of the training/educational setting.

With permission from the student and client(s) listed above, the professor may choose to keep the tape for future training purposes.

I release and discharge the Western Kentucky University and the student conducting the session from any liability arising from the taping of the session.

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| Client’s Signature |  | Date |
|  |  |  |
| Client’s Signature  |  | Date |
|  |  |  |
| Student Counselor’s Signature  |  | Date |