



**School of Psychology and Counseling**

**TAPING & TAPE VIEWING/LISTENING CONSENT FORM**

I, \_\_\_\_\_, give my permission to be videotaped, audio taped, or observed by the instructor and students of Regent University School of Psychology and Counseling.

I understand that this class is for training and that the tape discussion and observations are an important part of its function.

I also understand that tapes are used for educational and supervisory purposes only, and that information from these interviews will be treated with respect and confidentiality.

\_\_\_\_\_  
Name of Interviewee (PLEASE PRINT)

\_\_\_\_\_  
Name of SPC Student (PLEASE PRINT)

\_\_\_\_\_  
Signature of Interviewee

\_\_\_\_\_  
Signature of SPC Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

If interviewee is under age 18, parental signature is required.

\_\_\_\_\_  
Name of Parent/ Guardian (PLEASE PRINT)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date