

Consent to Audio/ Video Recording

I, _____, hereby give my permission to be audiotaped and/or videotaped for the purpose of individual and/or group supervision of a University of Florida Counselor Education student with her or his instructors and classmates.

I hereby waive any right to inspect or approve the finished tape.

Name

Date

Parent/Legal Guardian (for client under age 18)

Date

Witness

Date