



**REGENT
UNIVERSITY**

**School of Psychology
& Counseling**

RECORDING CONSENT ATTESTATION FORM

Practicum/Internship Site Name: _____

Site Supervisor Name: _____

Counseling Student Name: _____

The above mentioned counseling student and site supervisor attest that the client (or parent of a minor client) signed a Recording Consent Form for the session recorded on _____ (date) and that this form is on file with the Practicum/Internship Site.

(Counseling Student Signature) Date: _____

(Site Supervisor Signature) Date: _____