



Christian Leadership to Change the World

**SCHOOL OF PSYCHOLOGY & COUNSELING**

**RECORDING & VIEWING/LISTENING CONSENT FORM**

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

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

I also understand that recordings 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