

LIBERTY
UNIVERSITY
SCHOOL of BEHAVIORAL
SCIENCES

M.Ed. in School Counseling

Permission to Record (Adult)

I, _____, site supervisor at _____,

acknowledge that a client at the aforementioned site has been informed of and has agreed to participate in an audio or video recording completed by the practicum/internship student to fulfill requirements in the M.Ed. in School Counseling program at Liberty University. All parties understand that this recording will be used for instructional purposes, viewed/heard only by the site supervisor, instructor, and students in the graduate course. All parties understand that after the recording has been reviewed, it will be erased.

Site Supervisor Signature

Date

Practicum/Internship Student Signature

Date