

**LIBERTY**  
UNIVERSITY  
SCHOOL of BEHAVIORAL  
SCIENCES

**M.Ed. in School Counseling**

Permission to Record (Minor)

I, \_\_\_\_\_, site supervisor at \_\_\_\_\_,  
acknowledge that a child/adolescent and the parents/guardians of the child/adolescent have been  
informed and have agreed to participate/allow participation 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