Kean University
Counselor Education Department

Consent to Audio or Video Tape

I, _______________________________________(print name) consent to the audio or videotape of my counseling session with a graduate student ___________________________ (print name) enrolled in the Master of Arts in Counseling program at Kean University. I understand that the audio or videotape is solely for educational purposes and may only be heard and/or viewed by the graduate student’s course instructor ___________________________ (phone # ___________), site supervisor ___________________________, and other graduate students in the supervision course. I understand that all efforts will be taken to keep information confidential and that the tape will be destroyed upon completion of counseling. Lastly, I understand that I may withdraw my permission during or after the recording session without it affecting the services I am provided.

______________________________________  ______________________
Client Signature                          Date

______________________________________  ______________________
Parent/Guardian Signature (if client is a minor) Date

______________________________________  ______________________
Counselor Intern Signature              Date

______________________________________  ______________________
Site Supervisor Signature               Date