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