

**COUNSELING AND PSYCHOLOGY
PRACTICUM/INTERNSHIP
Tarleton State University**

Permission to Photograph/Tape

_____ I hereby give my permission to be photographed/taped for training purposes only.
(initials)

_____ I hereby deny permission to be photographed/taped for training purposes only.
(initials)

I, _____ hereby give my permission to make a tape
(client)

recording and/or videotaping of my counseling/therapy/interview session with

_____ on _____
(counselor/therapist/intern) (date)

This includes permission for _____ to use this tape
(counselor/therapist/intern)

in training sessions. I understand that this in no way releases the counselor/therapist/intern to use

this tape and the information thereon in relation to verbal or written material given to anyone

other than the practicum/internship supervisor and director.

SIGNATURE: _____
(client or legal representative)

COUNSELOR/THERAPIST/INTERN: _____

DATE: _____