



## CLIENT RELEASE FORM

Graduate Department of Counseling Psychology

Washington State University

I, \_\_\_\_\_, agree to be counseled by a practicum/intern student in the Department of Counseling Psychology at Washington State University.

I further understand that I will participate in counseling interviews that will be audiotaped, videotaped, and/or viewed by practicum/intern students through the use of one-way observation windows.

I understand that I will be counseled by a graduate student who has completed advanced coursework in counseling/therapy.

I understand that the student will be supervised by a faculty member or site supervisor.

Client's signature \_\_\_\_\_

Age \_\_\_\_\_ Date \_\_\_\_\_

Counselor's signature \_\_\_\_\_