



## PARENTAL AUDIO/VIDEO TAPE RELEASE FORM

Parent's name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ (Home) \_\_\_\_\_ (Office)

The Graduate Department of Educational Leadership and Counseling Psychology at Washington State University conducts an internship course each semester. The internship course is an advanced course in counseling required of all degree candidates in the Counseling Program at WSU. Students are required to audio- and/or videotape counseling sessions as part of their course and degree requirements.

Student's name \_\_\_\_\_ would like to work with your son/daughter, a student at \_\_\_\_\_ School.

The counseling sessions conducted with your child will be audio- and/or videotaped and will be reviewed by the student's WSU instructor and/or classmates. All audio- and videotapes made will be erased at the completion of your child's involvement in the program. No identifying information (i.e., name, address, etc.) will be provided to either the instructor or classmates.

We hope that you will take the opportunity to have your child become involved in the Counseling Program at Washington State University. If you are interested in having your child participate, please sign the form where indicated.

Thank you for your cooperation.

Parent's signature \_\_\_\_\_

Date \_\_\_\_\_