Western Kentucky University  
Department of Counseling and Student Affairs  

INFORMATION AND CONSENT DOCUMENT  
PERMISSION TO VIDEO  

I, _______________________________, hereby grant my permission for  
________________________________, a student in the Department of Counseling and  
Student Affairs at Western Kentucky University, to record the session on tape. I  
understand the following:  

- My participation is voluntary  
- My identity will not be revealed  
- The tape will be used for training purposes only  
- The professor(s) and/or other trainee(s) who hear (or see) this are bound by  
  ethical code not to discuss the tape outside of the training setting  
- The student who conducts this session is bound by ethical code not to discuss this  
  tape outside of the training/educational setting.  

With permission from the student and client(s) listed above, the professor may choose to  
keep the tape for future training purposes.  

I release and discharge the Western Kentucky University and the student conducting the  
session from any liability arising from the taping of the session.  

Client’s Signature _____________________________ Date _______________  

Client’s Signature _____________________________ Date _______________  

Counselor Trainee’s Signature _______________________ Date _______________  

Instructions for submitting this form:  

1. Print multiple copies of this form.  
2. Provide this form to all clients for their signature. Keep a hard copy of the signed  
   form in the client files. Submit a copy of the form with each video assignment.