



M.A./BC Video Consent Form

(Please Print or Type)

I, _____, (*Print client name*), hereby permit my counseling session with _____, (*Print student's name*) to be videotaped. I understand that the video will be presented during a Practicum course setting at Dallas Theological Seminary and used for counseling instruction material. The tape will be shown once during a supervision session in which between one and eight students and the Practicum Instructor will participate.

Viewing of the tape will take place during _____ (*Please indicate semester and year of viewing*). Videotapes will be destroyed by the end of the same semester. I voluntarily consent and understand that I will receive no remuneration for the taping, but that it will be for educational purposes only.

Client Name (*Please print*): _____

Client Signature: _____ Date: _____

Student Name (*Please print*): _____

Practicum Course Number & Name: _____