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: ________________________________