



Masters of Arts in Counseling

Recording Consent

I, _____, agree to assist _____
(name of participant) *(name of graduate student)*
with his/her course assignment for _____. I give my permission
(name of course)

to be video/audio recorded and for the recording(s) to be observed by the instructor and students of Messiah College's Masters of Arts in Counseling Program. I understand that this class is for training and that the recorded discussions and observations are an important part of its function. I also understand that the recording(s) will be treated with respect and confidentiality, will only be viewed for educational and supervisory purposes, and will subsequently be erased.

- I give my permission to be video/audio recorded or observed
- I do not give my permission to be video/audio recorded or observed

Participant Signature

Date

Messiah College Graduate Student Signature

Date