



*Masters of Arts in Counseling*

**Recording Consent**

I, \_\_\_\_\_, agree to assist \_\_\_\_\_  
*(name of participant "Client")* *(name of graduate student "Counselor")*  
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.

\_\_\_\_\_  
Messiah College Graduate Student Signature ("Client")

\_\_\_\_\_  
Date

\_\_\_\_\_  
Messiah College Graduate Student Signature ("Counselor")

\_\_\_\_\_  
Date

I acknowledge that checking this box electronically serves the same purpose as affixing my original signature to this document.