

LIBERTY
UNIVERSITY
SCHOOL of BEHAVIORAL
SCIENCES

M.Ed. in School Counseling

Permission to Record (Minor)

I, [REDACTED] the parent/legal guardian give my
consent for (minor/student full name) [REDACTED] to participate in
individual counseling session(s) with a master's level student for Liberty University.

I acknowledge that I have been informed of and agree for my student to participate in a
video recording completed by the practicum/internship student to fulfill requirements in the
M.Ed. in School Counseling program at Liberty University. All parties understand that this
recording will be used for instructional purposes, viewed/heard only by the site supervisor,
faculty instructor, and students in the graduate course. All parties understand that after the
recording has been reviewed, it will be permanently erased/deleted.

[REDACTED]
Parent/Guardian Signature

1/23/24
Date

Christopher Vazquez
Practicum/Internship Student Signature

1/23/24
Date

This consent form should be filed at the student's home school in a secure/confidential location.
A parent/guardian may also retain/request a copy of the consent form.