



Consent for Audio Recording

I, _____ (Print Name), hereby give permission to **Lauren Shriver**, a Master's student of the UNCG CED program, under the supervision of **Jennifer Locklear**, MS/EdS, NCC, LPCS (owner and counselor, Lewisville Family Counseling) and **S. Anandavalli**, MS, LPCA, NCC, to audio tape any or all of my counseling session(s) at Lewisville Family Counseling, including individual and/or couple/family counseling sessions. I understand that this material will be used only for purposes of professional training, professional consultation, educational purposes, or service evaluation. I understand that any conference, evaluation, or relevant information concerning my counseling services may be observed and/or discussed with the appropriate faculty supervisor(s) and graduate students as part of this training program. These audio recordings will be reviewed by the individuals mentioned above, stored in a secure location, and shall be destroyed at the end of each academic semester.

Client Signature: _____ **Date:** _____

Client Signature: _____ **Date:** _____

Parent Signature (if minor): _____ **Date:** _____

Counselor Signature: _____ **Date:** _____