Wake Forest University  
Department of Counseling  
Consent to Record Counseling Interviews

I hereby give permission to _____________________________, a counselor-in-training  
(Counselor’s name)

at Wake Forest University who is completing clinical requirements at

______________________________, to record our counseling sessions. I understand that these  
(Name of Agency or School)

recordings will be used only for the purpose of providing clinical supervision to the counselor-in-  
training, either at Wake Forest University or at the student’s clinical placement. Any person  
involved in providing or receiving clinical supervision is bound to the same ethical principles of  
confidentiality as professionals providing counseling. All recordings of counseling sessions will  
be erased no later than the end of the present semester.

By signing below, I acknowledge that the policies of the recording procedure, supervision, and  
confidentiality have been explained to me and I have had the opportunity to ask questions. I  
understand I can withdraw this permission to record at any time.

__________________________________  _________________________________  
(Signature of Client)  (Signature of Witness)  
__________________________________  _________________________________  
(Date of Signature)  (Date of Signature)  

IF THE CLIENT IS A MINOR (UNDER THE AGE OF 18 YEARS) THEIR PARENT  
OR LEGAL GUARDIAN MUST ALSO SIGN THIS AGREEMENT, BELOW.

__________________________________  _________________________________  
(Parent or Legal Guardian’s signature)  (Date of Signature)