



**BOISE STATE UNIVERSITY**  
**COLLEGE OF EDUCATION**  
*Department of Counselor Education*

**PERMISSION TO RECORD/OBSERVE**

I, (Client Name) \_\_\_\_\_, hereby give my permission for the use of audio/visual recording devices, as well as observation through digital systems, a one-way mirror, or in the same room during my counseling sessions with the counseling intern, \_\_\_\_\_ at (school/agency name and address):  
(Counselor Name) \_\_\_\_\_

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I understand any information obtained during counseling sessions through these means will be used solely for the purpose of supervision and that otherwise this information will be kept strictly confidential as allowed by law.

This authorization will expire on (date) \_\_\_\_\_ or when I terminate my counseling with the above named counselor. I also understand that any taped material will be summarily erased upon the counselor intern's graduation from or departure from the Boise State University Counselor Education Program.

**The Following Signatures Verify Agreement To The Above Stated Conditions:**

\_\_\_\_\_  
Counselor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian (if required)

\_\_\_\_\_  
Date