

University of Florida Speech and Hearing Clinic

Videotaping/Audiotaping Release

University of Florida Speech and Hearing Clinic
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I hereby give permission to the above named agency to videotape and/or audiotape the individual named below. It is understood that therapy sessions will be recorded for (Check all for which permission is given):

- Supervision (to be viewed by the case clinician and supervisor)
- Teaching (to be viewed in classes in the department)
- Research (publication of data from analyzation of tapes)
- Media (to increase public awareness of communication disorders)

Name of Client: _____

Date: _____ Signature _____

Relationship _____