



School of Social Work, College of Arts, Social and Health Sciences

Consent to Make an Audio and/or Video Recording

Social Work Student: _____

Agency: _____

Agency Supervisor: _____

Faculty Field Instructor: _____
(if applicable)

I, _____ (client's name printed) hereby authorize
(Student's name printed) to make an audio and or video recording of me with my full
and complete awareness. I understand that before the recording is used, that I will be
offered the opportunity to review the entire recording and erase any parts thereof. I also
understand that the recording will not be used for any commercial purposes or public
broadcasting whatsoever. The recording may only be used by the School of Social
Work at UNBC for education and evaluation purposes. I also understand that I am free
to impose additional restrictions upon the use of this recording if I so choose.

Additional Restrictions:

Client's Signature

Witness (not related to client)

Date

Signature of parent or legal guardian
if client under 18 years of age

I, _____ (student) have explained this Consent Form to the client
and I am satisfied that the client understands this Consent Form and possesses the
capacity to grant consent.

Signature of student

Date