

UNIVERSITY OF VERMONT
DEPARTMENT OF COMMUNICATION SCIENCES
AND THE ELEANOR M. LUSE CENTER FOR
COMMUNICATION: SPEECH, LANGUAGE,
AND HEARING

Digital Video Recordings, Audio Recording and Photographic Recording
Student Consent Form

I, _____, understand that, in the course of my clinical training experience as a student in the Department of Communication Sciences at the University of Vermont, diagnostic and treatment procedures will be digital and/or audio recorded for supervisory and educational purposes.

I give my consent for such recordings, or segments thereof, to be provided to referring professionals and/or clients/family members, and to be included in course instruction and professional presentations by faculty of the Department of Communication Sciences.

Furthermore, I give my consent for photographs to be used in public information materials and professional presentations.

Signature

Printed Name

Date