

**Permission to Audiotape/Videotape**  
**SW 470/SW 471 Practicum I and II**  
**Kent School of Social Work – University of Louisville**

I hereby give permission to the use of the audiotape and/or videotape described below for educational/therapeutic (circle one) purposes by \_\_\_\_\_,  
Name of Agency/City and State

or their licensees, agents or member organizations, and I waive all claims for damages.

Date \_\_\_\_\_

Intended use of Audiotape or Videotape

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Name (s) of person(s) audio taped/videotaped

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Address

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Phone

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Client Signature \_\_\_\_\_

Parent/Guardian/Witness Signature (if appropriate) \_\_\_\_\_

Student Signature \_\_\_\_\_

Practicum Supervisor Signature \_\_\_\_\_