



Permission to Digitally Record

Consent Form for Use in

Individual Supervision

This is to confirm that I give my consent to _____, who is
a counseling intern student with the Department of Counselor Education at The College
of New Jersey, to cassette-audiotape any or all of our counseling sessions at
_____, _____ for the purpose of
(School/Agency) (Address)
supervision, consultation, and training. I further understand and agree that these digitally
recorded sessions may be reviewed with supervisors at one or both of the institutions noted
herein and that these digital recordings will be erased/deleted immediately following such reviews to
safeguard the confidentiality of these counseling sessions.

Client/Counselee Date

Legal guardian (if required by age or other life circumstance) Date

Counseling Intern Student Date

Site Supervisor Date