

**UNIVERSITY OF NEW MEXICO SPEECH-LANGUAGE AND HEARING CENTER**

**RELEASE FORM #2  
PERMISSION FOR VIDEO/AUDIO RECORDING/PHOTOGRAPHY**

I \_\_\_\_\_ (*client name or legal representative*) understand that **video and/or audio recordings, as well as photographs, may be used to document the evaluation and treatment process.** I understand and give permission for such recordings and photographs to be used for the following purposes: (*initial to indicate approval*)

- \_\_\_\_\_ **Training purposes**
- \_\_\_\_\_ **Research publications or presentations**
- \_\_\_\_\_ **Publicity purposes** (*Speech & Hearing Sciences website, brochures, etc.*)

-----  
Semester:    FALL    SPRING    SUMMER    Year: \_\_\_\_\_

Signed: \_\_\_\_\_  
*Client, Parent or Legal Guardian*

Date: \_\_\_\_\_  
-----

Semester:    FALL    SPRING    SUMMER    Year: \_\_\_\_\_

Signed: \_\_\_\_\_  
*Client, Parent or Legal Guardian*

Date: \_\_\_\_\_  
-----

Semester:    FALL    SPRING    SUMMER    Year: \_\_\_\_\_

Signed: \_\_\_\_\_  
*Client, Parent or Legal Guardian*

Date: \_\_\_\_\_  
-----

Semester:    FALL    SPRING    SUMMER    Year: \_\_\_\_\_

Signed: \_\_\_\_\_  
*Client, Parent or Legal Guardian*

Date: \_\_\_\_\_  
-----