

**CLIENT RELEASE FORM**

Department of Human Development and Psychological Counseling  
Appalachian State University

I, \_\_\_\_\_, agree to be counseled by a Clinical Mental Health Counseling practicum/intern student in the Department of Human Development and Psychological Counseling at Appalachian State University.

I further understand that I will participate in counseling interviews that will be audio taped, videotaped, and/or viewed by practicum/intern students.

I understand that a graduate student who has completed advanced coursework in counseling/therapy will counsel me.

I understand that a faculty member and site supervisor will supervise the student.

Client's signature \_\_\_\_\_

Age \_\_\_\_\_ Date \_\_\_\_\_

Counselor's signature \_\_\_\_\_