

PUBLICITY CONSENT

Client/Student (circle one)

The Department of Communication Disorders and the Arkansas State University Speech Hearing Center (ASU SHC) are frequently involved in professional or community activities which require visual presentation of our service delivery opportunities. Both written and picture/video displays facilitate increased awareness of disorders, ages, and intervention available to individuals with communication disorders.

The Department and ASU SHC desire your participation in such professional and community activities through the use of a photograph/video image. The photographs/video images will provide valuable insight into the clinical training aspects associated with communication disorders in the academic setting. No names will be associated with any photographs/video images.

I, _____, give permission for photographs and/or video images to be taken and used as described above.

Name (print)

Date

Signature (Parent/Guardian if minor)

Date

Witness Signature

Date

Client File # (if applicable) _____

Revised: 11/30/09

