

Release for Video Taping

I give my permission and I consent to _____
_____ or people who work for and with it, to
make recordings on sound and videotape of meetings and interaction of me
and my family and people working for and with the department.

I understand that these recordings may be viewed only by other people who
work for or with the department in order to assist my worker(s) in helping me
or my family.

The recordings may also be used in a confidential manner in training people
who work for or with the department to be better social workers or better
helpers for other families.

As long as the recordings are only used in helping me and my family or
teaching other social workers and helpers to do a better job, I hereby give my
consent to videotape.

I fully understand that I do not have to allow recording, and if I do not, I will
still receive help that I or my family needs.

Signature

Date

Witnessed: _____

**All adult family members and children over 14 to be taped should sign. If
no family is to be taped, strike out the words “and my family.” Other
family members may sign below if necessary.**