



**California State University, Long Beach**  
**Speech and Language Clinic**  
1250 Bellflower Blvd. MS 2501  
Long Beach, CA 90840

**Audio-Visual Release Form**

The Speech and Language Clinic at California State University, Long Beach is a teaching clinic. Faculty and supervisors are engaged in the education of speech-language pathologists and research. Therefore, client records, audiotapes, videotapes and other materials used in the clinic may be used for teaching, presentations, and research with the highest degree of privacy and confidentiality maintained.

I hereby give permission for images of my child or myself, spouse, or relative to be taken during assessment and/or therapy through video, photo, or digital camera, to be used solely for the purposes of education by university instructors and students and I hereby waive any rights of ownership of such images. No images will be used for commercial or publication purposes.

I have read and understand the release of images for the sole purpose of education. This release shall be in effect as of this date without a terminate date. The images may be used after the client has been discharged from therapy.

If there is any information you prefer to omit from all clinical records, indicate your personal preference/request to the clinic supervisor.

**Name of Client:** \_\_\_\_\_

**Person Completing Form:** \_\_\_\_\_

**Relationship to Client:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_