WESTMINSTER
THEOLOGICAL
SEMINARY

AUTHORIZATION TO DISCLOSE RECORDED CLASSROOM ACTIVITY

I have decided to register for the following Spring 2015 course:

PTC 371P-2 S1 Counseling Observation

I am registering for this course, knowing that:

- each class will be audio and video recorded.
- my participation in the student discussion sessions will be recorded.
- these recordings will be used to produce distance education courses and/or training material.

I hereby agree to participate in the recorded activity of this course and give my consent for Westminster Theological Seminary to disclose the recorded classroom activity of this course to the Christian Counseling and Educational Foundation (CCEF) with the understanding that CCEF will use this material solely for use in CCEF courses or intern training material.

Students' Name: _____
First Name Middle Name Last Name

Student ID#: _____ Degree: _____Emphasis: _____

Student's Signature: _____Date: _____