



Cleveland State University

engagedlearning™

College of Sciences and Health Professions
School of Health Sciences

Legal Release

for: _____

The Cleveland State University Speech and Hearing Clinic provides evaluation and therapy services for speech, language and hearing. I understand that, consistent with the mission of the Speech and Hearing Program, services are provided by clinical teams. Each team is composed of a clinical supervisor and student clinician(s). All clinic supervisors hold an Ohio License and a Certificate of Clinical Competence in Speech-Language Pathology and/or Audiology awarded by the American Speech-Language-Hearing Association. These clinic supervisors are directly responsible for client care and supervision. I further understand that the clinical supervisor will observe portions of all sessions. Confidentiality of information will be honored.

Permission to Audio/Videotape

Authorization is (*check one*) **granted** **not granted** to the Cleveland State University Department of Speech and Hearing to make and use audio/video tapes at Cleveland State University for educational purposes only.

This form will remain in effect until written notification is received.

Date

Signature of client, parent or legal guardian

Relationship to the Client

Address _____
