



Wyoming Institute for Disabilities
Wyoming Assistive Technology Resources (WATR)
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PERMISSION TO VIDEO/AUDIO TAPE and TAKE PHOTOGRAPHS

Client's Name: _____

I hereby authorize the Wyoming Institute for Disabilities to video and/or audio record and/or take photographs of a diagnostic and/or treatment sessions(s) involving the above named client. I understand that this/these video/audio tapes and photographs will be kept confidential and will be used only for diagnostic, therapeutic and educational purposes. I further understand that this/these video/audio tapes and photographs, when used for the above purposes may be viewed by people outside of the Wyoming Institute for Disabilities. I understand that the above named client will in no way be identified by name when this/these video/audio tapes and photographs are used for any purpose other than for diagnostic and/or treatment.

Client or Parent/Guardian's Signature

Date

Witness (if applicable)

I authorize permission for Wyoming Institute for Disabilities to use these videos/photos/audio in presentations, trainings, websites, and for educational purposes. _____(initial)

Clients may at any time ask to discontinue the use of his/her videos/photos/audio for presentations, trainings, and educational purposes by submitting a signed written request to WATR.

Assessment Services will be billed through Wyoming Accessibility Center

