

## **Training Tape Release Form**

CHILD: \_\_\_\_\_

DOB: \_\_\_\_\_

FILE #: \_\_\_\_\_

### RELEASE FORM

Please consider a special request from [insert entity proposing to tape interview].

[Insert entity proposing to tape interview] is a safe place for children to come and talk about sexual abuse. [Insert entity proposing to tape interview] also provides training to professionals who want to learn how to interview children about sexual abuse.

[Insert entity proposing to tape interview] uses videotaped interviews to help teach professionals. If you give permission, [insert entity proposing to tape interview] may select your child's tape to use for training (such as ChildFirst Virginia). Your child's tape will only be used for training by [insert entity proposing to tape interview] staff or ChildFirst Virginia faculty. All trainees must sign an agreement to respect confidentiality prior to viewing the videotapes.

Please check either the yes or no box. Sign your name under the box you check along with the date. If you have any questions, please tell the receptionist. She will have someone assist you. Thank you very much for considering this important request.

**YES**, [insert entity proposing to tape interview] may use my child's tape.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
DATE

**NO**, [insert entity proposing to tape interview] may not use my child's tape.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
DATE

Parent not present for interview