



## PERMISSION TO PROVIDE SERVICES VIA WEB CAMERA

This information is entirely confidential

During our online ASL Community classes we utilize a web camera. Please be aware that while we do not send a recording of these classes anywhere, internet does include the risk of personal information being accidentally disclosed to other people (e.g. on the web). For this reason, we need your permission to utilize our web camera services.

Client: \_\_\_\_\_ Birthdate (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

\_\_\_\_ **Yes**, I give my permission to utilize web camera services.

\_\_\_\_ **No**, I do not give permission to utilize web camera services.

\_\_\_\_\_  
Name of Legal Guardian Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date (mm/dd/yy)