

Training Tape Release Form

CHILD: _____

DOB: _____

FILE #: _____

RELEASE FORM

Please consider a special request from [Police Department/Sheriff's Office proposing to tape interview].

Staff at [Police Department/Sheriff's Office proposing to tape interview] also provide training to professionals who want to learn how to interview children about sexual abuse.

[Police Department/Sheriff's Office proposing to tape interview] uses videotaped interviews to help teach professionals. If you give permission, [Police Department/Sheriff's Office 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 [Police Department/Sheriff's Office 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, [Police Department/Sheriff's Office proposing to tape interview] may use my child's tape.

NAME

DATE

NO, [Police Department/Sheriff's Office proposing to tape interview] may not use my child's tape.

NAME

DATE

Parent not present for interview