The Writing Center at College of the Sequoias requests your permission to record your session with our consultant today. This recording will be used anonymously, and only for the purpose of consultant training and development. If this is acceptable, please sign the statement below.

I hereby consent to have my consultand development.	ation recorded and tra	inscribed for the pu	rpose of consultant training	
Signature		Date		
Printed Name	_			
	For Consultan	t Use		
Consultant Name	<del></del> <del></del>	Session Date	Session Time	
The Writing Center at College session with our consultant to for the purpose of consultant sign the statement below.  I hereby consent to have my consultant and development.	oday. This recordin training and devel	g will be used ar opment. If this is	nonymously, and only acceptable, please	
Signature		Date		
Printed Name	– For Consultan	t Use		
	<del></del>	Session Date	 Session Time	