



Counseling
Center

Student Consent Form

This is to certify that I give the Counseling Center permission to communicate and correspond to/with my parents/guardians regarding my adjustment, progress, (financial and academic status), accomplishments, and achievements while enrolled here.

Student Name (Please Print)

Student Signature Date

Please provide the contact information below

Parent/Guardian Full Name (Please Print)

Mailing Address

City State Zip

Phone Number

Parent/Guardian Full Name (Please Print)

Mailing Address

City State Zip

Phone Number

