



University Counseling Service

Westside Location: 3223 Westlawn S.
Eastside Location: University Capitol Centre, Suite 1950
Iowa City, Iowa 52242-1100
Phone 319-335-7294 Fax 319-335-7298
<http://counseling.uiowa.edu>

*Internship Training Program Accredited
by American Psychological Association*

Authorization to Provide Psychological Services
University Counseling Service
The University of Iowa

The student named below is either a minor or a dependent adult and is a student at The University of Iowa. This student has applied and been accepted for ongoing services at the University Counseling Service contingent upon parent/guardian authorization of the provision of such services. As this student's parent/guardian, I hereby authorize the staff of the University Counseling Service to provide counseling and psychological services deemed appropriate and necessary to this student.

I recognize that this authorization does not permit me access to any additional information regarding this student's counseling. Specific information regarding the nature of the counseling services provided, the date(s) of sessions, the content of sessions, or other information outside the scope of this authorization will be negotiated by myself, the student, and their counselor at the University Counseling Service. Release of any additional information will be authorized in a separate document which specifies the information to be released and to whom this information will be released.

I hereby authorize the staff of the University Counseling Service to provide counseling and psychological services to _____.
(print name of student)

The service will be provided during _____ semester, _____.

Signature of parent/guardian

Date

Signature of student

Date