THE UNIVERSITY OF IOWA

Internship Training Program Accredited
by American Psychological Association

University Counseling Service

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Iowa City, Iowa 52242-1100
319-335-7294 Fax 319-335-7298
counseling.studentlife.uiowa.edu

Authorization to Provide Psychological Services

University Counseling Service
The University of Iowa

My son or daughter is either a minor or a dependent adult and is a student at The University of Iowa. My son or daughter has applied and been accepted for ongoing services at the University Counseling Service contingent upon my authorization of the provision of such services. I hereby authorize the staff of the University Counseling Service to provide counseling and psychological services deemed appropriate and necessary to my son or daughter.

I recognize that this authorization does not permit me access to any additional information regarding my son's or daughter'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, my son or daughter, and his or her 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