



University Counseling Service

3223 Westlawn S.
Iowa City, Iowa 52242-1100
319-335-7294 Fax 319-335-7298

Embedded Offices

College of Dentistry: N316 Dental Science Building
College of Law: 176 Boyd Law Building
Tippie College of Business: 108 Pappajohn Business Building, Suite C140
University Housing and Dining: 100 Catlett Hall, Room 304

Authorization to Provide Psychological Services

University Counseling Service
The University of Iowa

The student named below is either a minor or a dependent adult (i.e., not their own legal guardian) and is a student at The University of Iowa. This student is pursuing ongoing clinical 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 particular 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)

Signature of parent/guardian

Date

Signature of student

Date