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

I understand that my minor son or daughter is a student at The University of Iowa and has applied and been accepted for 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