

**COUNSELING AND TESTING SERVICES
UNIVERSITY OF NORTH TEXAS
P.O. BOX 310968
DENTON, TX 76203
(940) 565-2741**

PARENTAL CONSENT FORM

Date: _____

To the Parent (s)/Guardian(s) of: _____

From: Counseling and Testing Services
University of North Texas

I agree to allow (please print) _____ to receive counseling from the UNT Counseling and Testing Services in the event that he or she requests or requires counseling. I understand that this is voluntary and that I may revoke this consent at any time during the counseling process.

It is also my understanding that the content of the sessions are confidential with the following exceptions:

- (1) if the therapist deems there is probability of imminent physical harm by my child to himself or herself;
- (2) if the therapist deems there is probability of imminent physical harm to another person;
- (3) if the therapist deems there is probability of immediate mental or emotional harm to my child.

I also understand that Texas state law requires any professional who has knowledge that a child has been, is currently, or will be abused must report that information to appropriate governmental agencies.

COUNSELING CONSENT

I agree to counseling for _____

Student's Name

I have read and understand the provisions listed above and agree to them.

Parent/Guardian

Date