



Counseling and Psychological Services Center
ASU Box 32044
Boone, NC 28608-2044
(828) 262-3180
Fax: (828) 262-3182
www.counseling.appstatc.edu

Consent Form for Treatment of a Minor

Name of Student: _____

Date of Birth: _____

Parent/Guardian Phone number (with area code):

Home () -

Cell () -

Work () -

I, the parent/guardian of _____ (a minor), give my consent for counseling services to be provided by the Appalachian State Counseling and Psychological Services Center to this minor while s/he is attending Appalachian State University unless/until: 1) s/he reaches the age of 18 years old, 2) is emancipated, 3) and/or presents personal concerns or issues expressly covered by North Carolina state law that do not require parental consent.

Print Name of Parent/Guardian

Date

Signature of Parent/Guardian

Date