

Parental Consent and Authorization

CONCORDIA UNIVERSITY COUNSELING OFFICE

The first year of school can be incredibly challenging and stressful for students. The Counseling Office provides consultation, short-term counseling, crisis intervention, and referral services to students free of charge. Many freshmen benefit from talking to our counselors to address adjustment issues such as homesickness, roommate problems, academic difficulties and stress management.

However, in the State of Nebraska, the age of a majority is not reached until age 19. If your child is younger than 19 years of age when he or she enters the university this fall, we will need your consent to treat and your authorization to exchange information with the Health Center and the Seward Family Medical Center (in case a medical referral is needed). To prepare for the possibility that your youth may want to seek counseling services, please fill out the information below and provide the required signatures.

Student's Name _____ Date of Birth _____ Age _____
MONTH DAY YEAR

On my child's behalf, I authorize the Concordia University Counseling Office to provide consultation, crisis intervention, short-term counseling and/or referral services to my child.

Parent/Guardian Signature: _____ Date: _____

On my child's behalf, I grant my consent to the Concordia University Counseling Office to exchange information with the Concordia University Health Center and the Seward Family Medical Center regarding any need for health assessment.

Parent/Guardian Signature: _____ Date: _____

Return this completed form in the Confidential Health Center envelope to
Concordia University
800 North Columbia Avenue
Seward, NE 68434

