

PARENTAL CONSENT FOR ACCESS TO COUNSELING and/or DISABILITY RECORDS
for STUDENTS UNDER THE AGE OF 18
THE UNIVERSITY OF WEST GEORGIA
Counseling Center and Accessibility Services

Name of Student (Last, First, Middle Initial):	Student ID:	Date:

The Family Educational Rights and Privacy Act (FERPA) affords certain rights to students concerning the privacy of, and access to, their education records. Students may choose to complete and submit this form to the Counseling Center allowing the release of their counseling records to specified third parties. Please note that while this form *authorizes* the University of West Georgia to release counseling records to third parties, it does not obligate UWG to do so. UWG reserves the right to review and respond to requests for release of counseling records on a case-by-case basis. For additional information, visit UWG's FERPA Information page at <http://www.westga.edu/registrar/962.php> or the U.S. Dept. of Education's website at www.ed.gov/policy/gen/guid/fpco/ferpa/index.html.

All records regarding a student's Counseling and Accessibility Services are kept confidential and are not included with other student records.

If your student is under age 18, your permission is needed so that we may provide counseling services. In some situations, including mental health emergencies, a signed permission form would **not** be required in order for us to render help. However, it is strongly recommended that you sign that attached form and return it so that professional help in nonemergency situations may be provided to the student.

On my student's behalf, I authorize the University of West Georgia's Counseling Center to provide consultation, crisis intervention, short-term counseling and/or referral services to my student for the 2015-2016 academic school year.

Parent/Guardian Signature: _____ Date: _____

On my child's behalf, I grant my consent to the University of West Georgia's Counseling Center to exchange information with the University of West Georgia Health Center and Tanner Medical Center regarding any need for health assessment.

Parent/Guardian Signature: _____ Date: _____

Instructions for completing this form:

1. The form must be fully completed and signed by the parent/guardian. Services may not be received and records cannot be released if any section of this form is not filled out entirely.
2. Completed forms should be submitted to the Counseling Center in Row Hall or mailed to Counseling Center, University of West Georgia, 1601 Maple Street, 123 Row Hall, Carrollton, GA 30118 or faxed to the Counseling Center at (678) 839-6429. Questions about this form may be directed to the Counseling Center at (678) 839-6428.

This information is released subject to the confidentiality provisions of appropriate state and federal laws and regulations which prohibit any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations.