

**Northern Arizona University
Counseling Services
Flagstaff, AZ 86011-6045
928-523-2261; Fax: 928-523-9060**

Counseling Attendance Verification

I, _____, hereby authorize NAU Counseling Services to verify my attendance at counseling sessions to the following individual(s) (please include name, address, phone number):

(Telephone) _____ (Fax) _____

I have been informed of my rights as a client which appear on the other side of this form. My consent is given from the signature date of this document through (GREATER than 2 weeks from today but not to exceed 1 year): _____.

I may revoke this authorization at any time by submitting a written statement directing my counselor or the NAU Counseling Services to cancel this authorization.

Before signing, be certain that all blanks have been filled in.

(signature of client) _____ (date) _____

(signature of parent/guardian if student under age of 18) _____ (date) _____

(address) _____

(phone) _____ (student I.D.#) _____

(date of birth) ____/____/____

(counselor's name; please print) _____

(signature of counselor) _____

CLIENT'S RIGHTS REGARDING SHARING OF INFORMATION

Before completing the authorization to have information released, exchanged, or obtained, please read the following:

1. You are eligible for counseling services whether or not you sign this form.
2. Your signature on this form authorizes either your counselor or the NAU Counseling Services to release, exchange or obtain information to/with/from only the person or agency named on the form.
3. You have the right to have your counselor explain what type of information will be released, exchanged, or obtained.
4. You have the right to revoke this authorization at any time by submitting a written statement directing the NAU Counseling Services not to release, exchange, or obtain designated information. This authorization expires as specified on the other side of this form.