



Alliance University Counseling Services

Students in Counseling Therapy Compliance Form

I, Sally Jang, confirm that Stephany Ortiz Aquino has participated
in 5 session(s) with me
(number of sessions)

to fulfill the requirement of **SF505, PPTFM**.

Therapist Signature 
Date 3/ 8/23

Student Consent Form

I Stephany Ortiz Aquino, ID #117609 give Sally Jang permission to
(Student Print Name & ID Number) (Therapist Print Name)

to release to Alliance Graduate School of Counseling (AGSC) and Alliance Theological Seminary the following information regarding my participation in the "Students in Counseling" requirements in compliance with HIPAA regulations.