



Alliance University Counseling Services

Students in Counseling Therapy Compliance Form

I, (Therapist's Name) Lea Cadet confirm that
(Student's name) Monom Teekham has participated in
6 session(s) with me
(number of sessions)

to fulfill the requirement of SF505, PPTFM.

Therapist Signature Lea Cadet
Date 4/3/23

Student Consent Form

I Monom Teekham give Lea Cadet permission to
117961 (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.