



Alliance University Counseling Services

Students in Counseling Therapy Compliance Form

I, (Therapist's Name) Orshum Lumpkin confirm that
(Student's name) Maylene Christiani has participated in
5 five session(s) with me
(number of sessions)

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

Therapist Signature Orshum Lumpkin

Date 4/13/2023

Student Consent Form

I Maylene Christiani ID 117113 give Orshum Lumpkin 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.