

**Nyack College Counseling Services**

**Students in Counseling Therapy Compliance Form**

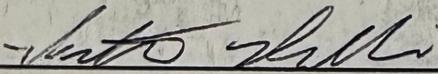
I, (Therapist's Name) Victor Mallin

confirm that (Student's name) Nathan Northcutt

has participated in 5 session(s) with me

(number of sessions)

to fulfill the requirement of 5.



Therapist Signature

Date 4/26/2023

**Student Consent Form**

I Nathan Northcutt 117743 give Victor Mallin permission to

(Student Print Name & ID Number)

(Therapist Print Name)

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