

Nyack College Counseling Services

Students in Counseling Therapy Compliance Form

I, (Therapist's Name) Brandy Caldwell
confirm that (Student's name) Jessica Lee
has participated in 6 session(s) with me
(number of sessions)
to fulfill the requirement of SF505.

Brandy Caldwell
Therapist Signature

Date 4-29-23

Student Consent Form

I, Jessica Lee 117342 give Brandy Caldwell 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.