NYACK College · Seminary · Graduate Schools
Christian Higher Education Since 1882

Nyack College Counseling Services

Students in Counseling Therapy Compliance Form

I, (Therapist's Name) Elizabeth McDowell

confirm that (Student's name) Andres Ayala

has participated in 7 session(s) with me

(number of sessions)

to fulfill the requirement of SF505 Formation for Ministry

Elizabeth McDowell

Therapist Signature

Date 5/3/23

Student Consent Form

I Andres Ayala 116131 give Elizabeth McDowell 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.