



Brigham Young University

1500 WSC
Provo, Utah 84602

Tel: 801-422-3035 Fax: 801-422-0173

Authorization to Provide Psychological Services to a Minor

I understand that my minor child is a student at Brigham Young University and has applied and been accepted for services at BYU's Counseling and Psychological Services (CAPS) contingent upon my authorization of the provision of such services.

I hereby authorize the staff of CAPS to provide counseling and/or psychological services to my minor child:

(Student Name)

(Student Date of Birth)

This consent will be valid for the duration that my child is a minor at BYU.

Printed name of parent or legal guardian

Signature of parent or legal guardian

Date

Please email the signed and completed form to capsfrontdesk@byu.edu