



**Counseling and  
Psychological Services**  
Brigham Young University

1500 WSC  
Provo, Utah 84602  
(801) 422-3035  
Fax: (801) 422-0173

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**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 [CAPS@byu.edu](mailto:CAPS@byu.edu).