SYRACUSE UNIVERSITY
COUNSELING CENTER

Dear Parent/Guardian,

Your child has expressed interest and/or has been referred to the Syracuse University Counseling Center for counseling services. The Counseling Center offers a variety of psychological services including brief individual counseling, crisis intervention, and general consultation.

Please be advised that the nature of the counseling relationship is one based on confidentiality. Information shared by your child in a counseling session will be treated with the strictest confidentiality unless, in the judgment of our staff, disclosure of information is necessary to protect your child from imminent physical danger. It is in the best interest of your child if you, as the parent, respect the confidential nature of the relationship. As you know, it is difficult to engage in a therapeutic process with a child if they feel information will be shared. Please be aware, however, that we will make every effort to encourage your child to include you in the process in a way that is most meaningful to him/her.

If counseling for your child is agreeable to you, please sign the attached parental consent form. Please feel free to contact us if you have any questions.
Thank you very much.

Sincerely,

Cory Wallack, Ph.D.
Director, Syracuse University Counseling Center

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Parental Consent Form

Students who are under the age of 18 are required to obtain signed consent from a parent or guardian giving the Counseling Center permission to initiate counseling.

I,_____ , being the parent or legal guardian of _____(Child's name), do consent to my child receiving counseling at the Syracuse University Counseling Center. I understand that this counseling is not mandatory but may be in my child's best interest.

(Please print)
Child's Name:_____

Parent/Guardian's Name:_____

Parent's Signature:_____

Address:_____

Phone:_____

Date:_____

Notary witness: