

CONSENT FORM FOR COUNSELING APPOINTMENT OR DROP IN SESSION VISITOR OBSERVATION

The Family Educational Rights and Privacy Act (FERPA) affords students' rights with respect to their educational records and allows disclosure of personal and educational records ONLY WITH consent of the student. **If a student wishes to invite a guest to a counseling session the student must provide, in writing, consent of the disclosure of personal and educational records for the session.** Also, as part of counselor training, we ask that counselors-in-training observe a number of counseling sessions. We also must ask student permission for this purpose.

Student ID: G _____

Date: _____

I (student name) _____, give permission for

(visitor's name) _____ or

(counselor-in-training name) _____

to observe my counseling session at the Counseling Center at the College of San Mateo.

By signing this form, I understand that I agree to allow the individual identified above to sit in my counseling session and to have access to all of the personal and educational information and/or documents shared and reviewed at this counseling session. Information includes, but is not limited to:

- Unofficial and/or official transcript information and grades
- Student Education Plan(s)
- Student school, work, and family schedules
- Enrollment history and grades, academic standing, reinstatement information
- Personal information discussed at this counseling session

Signature of Student _____ Date _____

This form will be scanned into WebXtender as documentation of consent.