



BOISE STATE UNIVERSITY

COLLEGE OF EDUCATION

Department of Counselor Education

RELEASE OF INFORMATION/PERMISSION TO CONSULT

Print or type the information below – Non-legible forms will be returned to student.

I, (Client Name) _____, hereby give my permission
for my Counselor Intern, _____, to share information regarding
information regarding my counseling with (Site Supervisor) _____
of (School/Agency Name) _____

And (Campus Supervisor) _____ of Boise State University for the
purpose of individual and group supervision and evaluation of the above named Counselor
Intern.

I realize that this Release applies only to the above individual/organization and that any additional
release of information to a different individual/organization must be authorized by me on a
separate release. I realize that the above named Counselor Intern has report requirements in
situations where a danger to myself or others is believed to exist.

The Following Signatures Verify Agreement To The Above Stated Conditions:

Counselor Date

Client Date

Parent/Guardian (if required) Date

Witness Date

Unless otherwise specified, this release expires upon the Counselor Intern’s graduation or departure
from the Boise State University Counselor Education Program.