



**MINORS' CONSENT FOR TREATMENT  
SUNY GENESEO COUNSELING SERVICES**

As a minor seeking counseling services without parental consent I hereby attest that my decision to undergo counseling is voluntary.

In addition, I attest that my parent(s)/guardian(s) have refused to give consent to my counseling **OR** that to seek consent for counseling from my parent(s)/guardian(s) would have a detrimental effect on my treatment.

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Signature

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Date