**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.

_____ _____

Signature Date



Health Services
Phone: 585.245.5736
Fax: 585.245.5744

Counseling Services
Phone: 585.245.5716
Fax: 585.245.5071

Health Promotion
Phone: 585.245.5747
Fax: 585.245.5744