



## CONSENT FOR ADMINISTRATIVE EVALUATION

I understand that the Office of the Dean of \_\_\_\_\_ has requested that I undergo an administrative psychological evaluation to be conducted by Counseling and Psychological Services (CPS). In addition to a current clinical assessment, as part of this evaluation, I consent to a review of any records of previous treatment or assessment.

I understand that this evaluation is intended to provide the Dean with clinical information; it is not intended as therapy for me. If I decline to participate in this evaluation, I understand that I will still have access to the confidential clinical services provided at CPS, in assurance with usual eligibility criteria.

By signing below, I agree to participate in the evaluation. I also hereby consent and agree that CPS is authorized to report to the Office of the Dean with regard to the evaluation, to discuss it, and to release all records with regard to the evaluation to the Dean's Office.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

Address: \_\_\_\_\_  
\_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_