

Mailing Address:
P.O. Box 3961
Atlanta, GA 30302-3961

Phone 404-413-1641
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Consent for Treatment of a Minor

Georgia State University Psychological & Health Services

I authorize the provision of psychological and/or health services by the Georgia State University Student Health Clinic or Counseling & Testing Center for my minor child as a Georgia State University student.

I agree that a photographic copy of this authorization will be as valid as the original

Name of Minor Student (printed)	Student DOB	Student Panther ID
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Name of Parent (printed)	Parent Signature	Date
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