Postsecondary Counselor Meeting Verification Form

Name of Client: _____

Date of Counseling/Intake Appointment: _____

Postsecondary Institution: _____

Address: _____

_____

Training or Degree Program Explored: _____

Agency Counselor information:

Name of Counselor: _____

Title of Counselor: _____

Phone: _____

Signature: _____ Date: _____

Release of information:

I hereby give my permission for the release of the foregoing information.

Signature: _____ Date: _____

Printed Name: _____