



## STUDENT GUIDANCE OFFICE Counseling Informed Consent Form

### CONSENT

I understand that this consent is purely voluntary. I have had the opportunity to discuss any concerns with regard to the services and treatment and by which all questions were answered accordingly and to my satisfaction.

I understand that I can withdraw anytime from the counseling by informing my counselor. By signing below, I expressly give my consent to the treatment and counseling sessions with the counselor.

**Status**     Undergraduate Program     Postgraduate Program

**Location**     LSPR Sudirman Park, Jakarta     LSPR Transpark Juanda, Bekasi     LSPR e-Learning/PJJ

**Name** \_\_\_\_\_ **Place** \_\_\_\_\_ , **Date** \_\_\_\_\_

**NIM** \_\_\_\_\_ **HP 1** \_\_\_\_\_ **HP 2** \_\_\_\_\_

**Class** \_\_\_\_\_ **Email** \_\_\_\_\_

#### Problem Identified

- Academic Issue
- Non-Academic Issue
- Psychological Issue

#### Type of Visit

- Walk In
- Referral
- Parent Report

#### Purpose of Consult or Notes

#### Recommendation

Signed by:

Cn.sgo/f-cicf/01/ikb/12/2020/00

\_\_\_\_\_  
Student

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
SGO Counselor