

# SEATTLEU

COLLEGE OF EDUCATION  
COUNSELING PROGRAMS

## Form for Release of Information

I give Seattle University permission to release my name, telephone number, and home and school addresses for the following purposes:

- a. Counseling students who are doing research as a course assignment in the Counseling Program.
- b. Seattle University faculty or graduate students doing research on the Counseling Program.

I give Seattle University my permission to make my Counseling Summative Assignments available to readers for three purposes:

- a. Future Counseling students who wish to see an example of a successful summative assignment, with permission of the Counseling Program Director.
- b. Researchers who wish to examine summative assignments, with permission of the Counseling Program Director.
- c. Members of accreditation bodies that are evaluating the College of Education's programs.

In giving this permission, I understand that no identifiable material from my portfolio will be cited for publication of any sort without my granting written permission at a later date.

\_\_\_\_\_  
Name SU ID # Month/Year of Completion

\_\_\_\_\_  
Primary Phone Number Alternate Phone Number (optional)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, and Zip Code

\_\_\_\_\_  
Signature Date