

Voluntary Waiver of Counseling Participation

I, , hereby acknowledge that I have been informed about the counseling services offered to me. I understand that participation in counseling is voluntary, and by signing this waiver, I choose to decline or withdraw from counseling services at this time.

I confirm that I am making this decision of my own free will and that I have had the opportunity to ask questions regarding the services offered. I understand that I may request counseling services in the future if I choose to do so.

Date:

Signature: