



UNIVERSITY of DENVER

CAMPUS LIFE & INCLUSIVE EXCELLENCE
Health & Counseling Center

Dear DU Parents,

In accordance with Colorado state law, persons under the age of 18 years must have the consent of a parent or legal guardian in order to receive medical care for most conditions other than true emergencies.

The following authorization will allow your student to be treated at the University of Denver Health and Counseling Center when the need arises. Please read this authorization carefully, sign, date, and return it to the University of Denver Health and Counseling Center,

- Mail: 2240 E Buchtel Blvd, 3N, Denver, CO 80208-3230
- E-mail: info@hcc.du.edu
- Fax: 303-871-4242

If you have any questions, please call the DU Health & Counseling Center at 303-871-2205.

Thank you very much for your assistance in obtaining care for you DU student.

Sincerely,

Michael LaFarr, Psy.D.
Executive Director
University of Denver
Health and Counseling Center

I hereby authorize the professional staff at the University of Denver Health & Counseling Center, and those other health care providers to whom they may refer my student, to examine and treat

Student's Legal Name

Date of Birth

DU ID number

for any medical or psychological conditions for which they present to the University of Denver Health & Counseling Center while they are enrolled at the University of Denver.

Signature

Date

Signing Individual Legal Name

Relationship to Student