

# Permission Letter for Counseling Services

Date: \_\_\_\_\_

To Whom It May Concern,

I, **[Your Name]**, the parent/legal guardian of **[Child's Name]**, grant permission for my child to receive counseling services provided by **[Agency Name]**.

I understand that the counseling services will involve discussions regarding **[brief description of the counseling focus]** and that all information discussed will be kept confidential in accordance with applicable laws.

Please feel free to contact me at **[Your Phone Number]** or **[Your Email]** should you require any further information.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Signature]

[Your Address]

[City, State, Zip Code]

[Date of Birth]