



Counseling Verification Form

The student above has been mandated to attend individual counseling or consultation as a result of a university conduct violation. Please verify the session(s) below.

Student Name: _____ A# _____

Name of Provider: _____ Email Address Provider: _____

Date of Session	Session Time	Session Type
		<input type="checkbox"/> Individual Counseling <input type="checkbox"/> Behavioral Assessment <input type="checkbox"/> Consultation
		<input type="checkbox"/> Individual Counseling <input type="checkbox"/> Behavioral Assessment <input type="checkbox"/> Consultation
		<input type="checkbox"/> Individual Counseling <input type="checkbox"/> Behavioral Assessment <input type="checkbox"/> Consultation
		<input type="checkbox"/> Individual Counseling <input type="checkbox"/> Behavioral Assessment <input type="checkbox"/> Consultation

Attendance Status: Completed No-Show Incomplete

Student Signature _____ Date _____

Provider Signature _____ Date _____

Provider Note: if additional space is needed to document sessions attendance, please complete a separate form or submit a verification letter outlining the additional session dates/times.

SUBMISSION INSTRUCTIONS

Students must submit the completed and signed form using one of the following methods:

- **Email:** Send a scanned PDF to conductofficer@aamu.edu.
- **In-Person:** Drop off at the Office of Student Conduct

Note: Forgery or misrepresentation of this document is a violation of Code Section 2.00 and will lead to further disciplinary action.