Babu Banarasi Das University, Lucknow

Mental Health and Wellbeing Cell

COUNSELING CONSENT FORM

1. The Mental Health and Wellbeing Cell provide confidential and voluntary counselling to support students' emotional, personal, and academic well-being.
2. Information shared in counselling is private and will not be disclosed without written consent, except in cases of self-harm risk, threat to others, or legal obligations. Records are kept secure for professional use only.

Name:

Program/Semester/School/Department:

Contact No.: ……. Email: …….

Purpose of Visit

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……..…… Please use extra sheet, if required

Voluntary Consent

1. I understand that counselling is voluntary and may be discontinued at any time. Sessions aim to provide emotional support and guidance but are not a replacement for medical or psychiatric treatment.
2. I hereby give my informed consent to participate in counselling sessions conducted by the Mental Health and Wellbeing Cell, BBD University.

Date: …… Name & Signature of students/faculty staff

……..…For Office Use Only……