



WESTERN SEMINARY

5511 SE Hawthorne Blvd.
Portland, OR 97215
(503) 517-1800

Date Request Received _____

Action Taken: Granted Denied
If denied, state reason: _____

Action: Student Informed ___/___/___

Access Provided ___/___/___

Request for Access to Inspect Assessment Results

I, _____, hereby request the
(Printed Name of Student)
Counseling Department of Western Seminary, 5511 SE Hawthorne Blvd., Portland,
Oregon 97215, (503) 517-1800, provide access to the answer sheets and profile
interpretive reports from all personality assessments administered as a part of
the M.A. Counseling program application. I have been informed and fully
understand that test results are best reviewed within a supportive therapeutic
relationship with a professional who is knowledgeable about those particular
tests. I fully understand that the Counseling Department believes it is not in
my best interest to try to interpret my own test results. Though I have a
legal right to access this assessment data, I understand that it may be
inadvisable and potentially harmful for me to review these results.

I fully understand that by signing this form I hereby forever release
Western Seminary, its faculty, staff, agents, and assignees, from any and all
liability for any personal harm incurred by me related to my viewing these
results. I understand that Western Seminary is not providing therapy to me and
has no ability to control how I utilize, interpret, or act upon these results.

I understand that my request may be granted or denied. In either event,
my request will be responded to as promptly as reasonably possible, but no
later than 45 days after receiving this request.

Dated this ___ day of _____, _____.

Signed: _____

Date of Birth: _____

Address and Phone Number: _____