

Request for Approval of New Internship Site

This form must be submitted at least three months prior to the desired start date to the Counseling Program Administrative Assistant.

Name of proposed site: _____

Phone number of proposed site: _____

Address of proposed site: _____

Name of contact person at site: _____

Email address and phone number of contact person: _____

Name and contact information of proposed supervisor: _____

Proposed start date: _____

Other pertinent information: _____

Is there a student interested in your site; Yes _____ Not currently _____

Name and contact information of student who is making the request: _____



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

Authorization to Release Information Regarding Practicum/Internship

I, _____, hereby authorize
Name of Student

the Counseling Department Faculty of Western Seminary, 5511 SE Hawthorne Blvd., Portland, Oregon
97215, (503) 517-1800, to mutually share with

Name, Title, Business Name, Address, and Phone Number

any and all information pertaining to the above-named student, for purposes of internship oversight,
evaluation, and coordination. I have been informed and fully understand that this personal information may
be in written, oral, or report form.

I fully understand that by signing this form I hereby waive or give up all rights of confidentiality to
those above-named and their supervisors. I further understand this communication may include, but not be
limited to academic, drug, alcohol, mental health, medical, legal, financial, insurance, or HIV-related
information. Unauthorized re-disclosure by recipient is a potential risk.

This release/waiver may be revoked in writing at any time, except to the extent that disclosure has
already been made in good faith reliance on this release. I understand that I have the right to refuse to sign
this authorization. This release/waiver is effective for duration of the student’s contracted internship with
this site.

Dated this ___ day of _____, _____.

Signed: _____

Date of Birth: _____

Student Identification Number: _____