Clinical Psychology Doctoral Program

Department of Psychology

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CONSENT FOR PRACTICE TEST ADMINISTRATION

I grant permission for	, a graduate student enrolled in the Clinical Psychology
Doctoral Program at Long Island University	, C. W. Post Campus, to administer an individual
	for whom I am the legal parent or guardian. I
	administration is to provide the student with necessary experience in
test administration, and that currently the stu	ident is not qualified to provide psychological services such as
reporting test findings or interpreting test res	sults.
Signature of Parent or Guardian	Date
Address	
Telephone Number	