

Permission Form

I, _____, permit Project Safety Net to add my work into "The College Student's Journey to Healed Wounds" Therapeutic Journal. I understand that my writing will be anonymous unless I request otherwise. To the best of my knowledge my writing or drawing is original.

Signature: _____

Please check the box if you want your name included with your submission

Date: _____

Submit completed work to Student Health and Counseling Services or via email to jcosby4@utm.edu by July 1, 2014.