



Opt-Out of SBHI services

Date: _____

Student's Name: _____

At this time, I do not wish for my child (listed above) to participate in ongoing counseling provided by Samaritan Behavioral Health, Inc (SBHI), while at the Miami Valley Career Technology Center. This signed form is effective upon receipt by the school and does not impact previously provided services by SBHI.

Please sign and return to your MVCTC school counselor. If you need a paper copy, please see your MVCTC school counselor or MVCTC Student Services office.

Printed Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date