

# The Ivy Mind

## Client Authorization - Tailored College Admission Counseling

Student/Client Name: \_\_\_\_\_

Student/Client Email: \_\_\_\_\_  
(May not be the same as guardian email)

Student/Client Phone Number: \_\_\_\_\_

High School: \_\_\_\_\_

Grade: \_\_\_\_\_

Guardian Name: \_\_\_\_\_

Guardian Phone Number: \_\_\_\_\_

Guardian Email Address: \_\_\_\_\_  
(May not be the same as student/client email)

Guardian Name (Optional for Additional Guardian): \_\_\_\_\_

Guardian Phone Number: \_\_\_\_\_

Guardian Email Address: \_\_\_\_\_  
(May not be the same as student/client email)

### Consultant's responsibilities, depending upon level of service, may include:

1. General discussion of college options
2. Professional evaluation of academic and psychological records
3. Communication with current schools as required
4. Exploration of career interests and learning styles with student
5. Discussion of which type of post-secondary institution would be most appropriate for the student
6. Identification of specific colleges deemed appropriate for the student
7. Evaluation with the student of chances of admission to a specific institution

Guardian's Initials \_\_\_\_\_ Student's Initials \_\_\_\_\_

8. Review and discussion of application materials
9. Participation in professional conferences to update knowledge
10. Travel regularly to college and universities to maintain information on institutions

**Consultant's responsibilities do not include:**

- Guarantee of placement
- Imposing undue pressure on schools for acceptance
- Writing essays and completing application for admission

**Client's responsibilities include:**

1. Sharing all relevant educational records with consultant
2. Supplying consultant with school records, testing, teacher, behavioral and legal records, and psychological reports
3. Scheduling and attending ongoing appointments with consultant
4. Scheduling college visits and interviews
5. Completing applications, essay and portfolios after review with consultant
6. Completing and submitting all financial aid forms
7. Securing school records, academic and personal recommendations, and forwarding them to colleges
8. Remaining communication with consultant to facilitate placement
9. Notifying colleges of intention of attendance

We understand that the entire high school record (transcript) and the results of all previous psychological, educational and standardized testing (e.g. SAT, PSAT, ACT) must be received in our office before the consultant can begin identifying appropriate placements.

We, the undersigned, understand that while the consultant will endeavor to recommend a suitable match, undue pressure is not brought to bear on schools. Results cannot be guaranteed and the designated fees are payable whether or not placement is accomplished.

**Fee Schedule and Payment Plan:**

It is understood that the Fee Schedule specifically delineates consultant's services. We further understand that successful admission procedures require action by students, parents, and teachers to

Guardian's Initials \_\_\_\_\_ Student's Initials \_\_\_\_\_

schedule interviews, visit campuses, and prepare applications and recommendations in a timely and satisfactory manner.

Please Circle your Plan & Track:

- **Plus Plan: Comprehensive College Counseling or Senior Year Counseling**
- **Premium Plan: Comprehensive College Counseling or Senior Year Counseling**
- **Platinum Plan: Comprehensive College Counseling or Senior Year Counseling**

Payment Preference:

- **Check** \_\_\_\_\_
- **Debit or Credit Card** \_\_\_\_\_
- **Bank Transfer** \_\_\_\_\_

Terms and Conditions of Payment: (i) The fee payment for College Admissions Advising will appear in the name of Mindpower Group Inc. in your credit card bill or bank statement etc. (ii) The fee payment made to "Mindpower Group Inc" or submitted on its website "www.theivymind.com" for either of our College Admissions Advising Plan is non-refundable and non-transferable and thus with the submission of payment [electronically (debit/credit card, paypal etc.) or via check or bank transfer etc.], you agree that you will neither request for refund nor dispute charges with your credit card company, bank, financial institution etc.

**Consultant/Mindpower Group Incorporated DBA The Ivy Mind** shall keep all personal, academic, medical and financial information concerning the client or client's family confidential except in those cases in which the client's or other's welfare is at risk and/or the client's parents/guardians approve release of client data.

**Student/Client and Guardian (particularly if student/client is a minor)** agrees to not to record and/or distribute copies of online college admissions advising sessions for commercial or non-commercial gains (including distributing to cousins and relatives etc.) or for any other purpose and cannot upload on social media such as YouTube etc. as the fees is paid by the client for consultancy services that is to be rendered by consultant specifically for the client. The client is welcome to take notes, screenshots, and request copies of materials from consultant.

**Governing Law:** The student/client and the guardian understands that "Mindpower Group Incorporated" is a registered corporation of California and "The Ivy Mind" is a registered DBA of Alameda county and thus this agreement shall be governed by and construed in accordance with the internal laws of the County of Alameda, State of California, USA.

Guardian's Initials \_\_\_\_\_ Student's Initials \_\_\_\_\_

**Additional Information: Please let us know if your student identifies with any of these categories:**

- Diagnosed Learning Difference(s)
- Receives Special Accommodations at School
- Gifted/Talented
- Other Special Need
- N/A

**Special Circumstances: Please let us know if there is any other information that we should consider while working with your student. Examples: Recent loss or transition, special interests or talents, mental health diagnosis, disciplinary actions, etc.**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Guardian's Initials \_\_\_\_\_ Student's Initials \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**I grant permission for consultant to speak to college admissions representatives on behalf of my student.**

Yes, I grant permission

**Agreed to and signed this (date):**

\_\_\_\_\_ Date Format: MM DD YYYY

**Guardian's signature** \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

**Student's signature** \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_