

**Student Exemption Form  
Prior to Mental Health and  
Psychological Screening  
or Counseling**

To: Superintendent of Schools of \_\_\_\_\_  
Principal, \_\_\_\_\_ (name of school)

From: \_\_\_\_\_ (student)

Being of legal age to consent, this letter provides notice that I am exercising my rights to refuse mental counseling, screening or psychological testing.

This notice exempting me from mental screening and tests includes, but is not limited to, the following activities:

1. School-based testing and counseling related to mental health.
2. Behavioral, mental health, depression/suicide or psychological screenings of any nature (i.e., TeenScreen, emotional factors such as anger or peer relationships, and personal or invasive questions relating to sexual activity or orientation).
3. Anger management, “self-esteem,” “conflict resolution” courses; group or family counseling.

This is not a complaint against the school. Rather, it is an exercise of my rights. This notice is being sent because of those in the mental health–pharmaceutical system that have used schools to “screen” students with questionnaires that may identify them as mentally disordered, requiring psychotropic drug or other psychiatric treatment. Students’ rights, safety and health may potentially be injured by mental health assessments and diagnosis that are based upon subjective tests having no basis in science.

To ensure there is no misunderstanding, a copy of this letter is on file with my parents and their attorney, and/or with applicable civil rights and human rights organizations. Thank you.

\_\_\_\_\_  
Student

\_\_\_\_\_  
Dated