

Counseling Services Student Referral Form

Directions: When making a referral you may use this OPTIONAL form to document your student concern and provide important information to the Counseling Center. However, if your office has formally determined that counseling services is required/mandatory, you MUST submit the completed form with your referral.

Submit the original completed form to RM 710, Director of Counseling Center.

Date: _____

Referral Source and Title: _____

Referral Office: _____ Phone: _____ Email: _____

Name of Student: _____ Student ID: _____

Is the student 18 years or over?

Yes No

If "No", please contact the Director of Counseling Center at x281 prior to submitting this form.

Relationship to student: Faculty Staff Advisor Other _____ May we use your name when speaking with the student? Yes No

Purpose of Referral:

- Personal concerns (family issues, current untreated mental illness, bereavement, etc.)
- Recent crisis/trauma (domestic violence, victim of violent crime, etc.)
- Needs information on community resources
- Other, please specify: _____

Additional background information: _____

For students who have agreed to attend counseling services as part of a program/ requirement:

I, _____ hereby authorize and request Donnelly College Counseling Center to furnish only
(Student's name)

dates of CC attendance to _____
(Name of DC Office/Faculty/Staff)

Student signature: _____ Date: _____

Consent expires one year from date above, unless otherwise noted.

CC Office Use Only:

Date form received: _____

Date student contacted CC: _____

1 2 3 _____

Referral Source Signature: _____ Date: _____

Note: Students may have legal rights to access their files, so please be objective in your observations and statements on this form. You may view the Counseling Center's Confidentiality Policy on the consent form and the CC website for further information regarding counseling services and student privacy.

Original- CC Copy-Requestor