



* CONFIDENTIAL *

UNIVERSITY COUNSELING CENTER REFERRAL FORM

713-313-7804 – Main Number

Revised January 2016

This form can be filled out by ANYONE within the TSU community. The purpose of this form is to identify students who may benefit from University Counseling Center services so that we may contact them. Please complete this form in its entirety and submit immediately.

STUDENT NAME: _____ / T-Number _____

STUDENT PHONE NUMBER: _____ / Local _____

DATE: _____

Referred By (optional): _____ / Phone _____ / Dept _____

Does this student know that you are referring him/her to the Counseling Center? YES or NO

May we inform this student that you referred them? YES or NO

Reason for Referral:

Reason for referral:

Five horizontal lines for writing the reason for referral.

Return Instructions

Please return this form to the University Counseling Center, located in the Student Health Center, in a sealed envelope marked "Confidential."

Please note: Facsimile is not recommended because confidentiality of this form can be not ensured.

Thank you for your time and interest!

UCC Use Only

Form fields for UCC Use Only: Date Received, Student Contact Date, Method of Contact, Staff Name, Contacted by, Outcome.