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:
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

**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**

Date Received: __________________________ Staff Name: __________________________
Student Contact Date: __________________________ Contacted by: __________________________
Method of Contact: __________________________ Outcome: __________________________