



Counseling and Career Services
Office of Academic Resources
Lower Level, Pope Student Center

COUNSELING AND CAREER SERVICES REFERRAL FORM

Referring Source: Name Office/Dept./School

Referral Source
Email Address: Phone Number:

Student Being Referred:

ID# or Contact Information, if known:

Reason for Referral (Observed Behaviors or Statements)

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Authorization to Share Confidential Information: Ethical guidelines for counselors require that an authorization for the release of information be signed by the student before counseling staff can share limited information about a student/client.

I, have read the paragraph above and I give the referring source and the counseling staff at Dalton State College permission to communicate regarding my follow through on this referral.

Signature of Student/Client Date Signature of Referral Source Date

**NOTE: A student should only sign this form when they are willing to give permission for the referring source to know that they have followed through with the referral.

TWO COPIES:

Original to Counseling Office Copy to Student Copy for your records

For Counseling Staff Use Only

Student kept initial appointment Student did not keep initial appointment

Counselor's Signature Date