

* 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 my 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