

Counseling and Testing Services
326 Alpha Hall East
555 University Boulevard North
University of South Alabama
Mobile, AL 36688
251-460-7051
251-460-7492 (fax)

Counseling Services Student Referral Form

Directions: This form is provided to facilitate the referral of students to Counseling and Testing Services. Please note that this form is **not required** for students to be referred by faculty and/or staff for counseling services. Please tell the student about the referral and encourage him/her to call and schedule an appointment. If the student does follow through with an appointment and provides permission, our office will notify the referring party accordingly.

Student Name: _____ Student ID: _____

Student Phone Number(s): _____

Faculty/Staff Name: _____ Department: _____

Faculty/Staff Phone Number: _____

Reason(s) for Referral (check all that apply):

___ Academic difficulties

___ Exhibiting signs of distress (e.g., unkempt appearance, crying, agitated)

___ Recent life event (e.g., death in family, trauma experience)

___ Disruptive behaviors

___ Safety concerns

___ Other: _____

Comments: _____

Please mail or fax (460-7492) this form to Director, Counseling and Testing Services.