

Counseling Center Referral Form

Student Name: _____

I am referring you to the Counseling Center for personal counseling at no cost to you. A copy of this referral has been or will be forwarded confidentially to the Counseling Center.

My referral is based on the following reasons or behaviors:

Please know that even though I am referring you for counseling services, it is voluntary and you are not required to go. I do, however, believe it is in your best interest to do so. If you are interested, please call the Counseling Center at 678-6005 and schedule an appointment with Michele Faith, LPC, LMFT.

The Counseling Center is located in building F, Suite 250 and staffed by counselors licensed by the state of Louisiana. All information about you or shared by you during counseling is privileged and private and will not be shared with anyone outside of appropriate Counseling Center staff except in cases where state law or professional ethical considerations dictate. This even includes me unless written consent is given by you to your counselor.

My hope is that you will take advantage of the counseling services and that it helps you be successful academically.

Faculty / Staff

Date