

Coahoma Community College
Division of Student Engagement
Counseling Center

Referral for Counseling

DATE _____

NAME OF STUDENT _____

REASON FOR REFERRAL (Brief Description)

Employee Signature: _____

Title: _____

STUDENT CONTACTED BY COUNSELOR (DATE) _____

RESULTS OF COUNSELING _____

COUNSELOR'S SIGNATURE _____

The Coordinator of Counseling Services will not disclose any confidential information or material unless it compromises the safety of the student and/or campus community of Coahoma Community College. It is further understood that all files will be secured under lock and key at all times. The Coordinator of Counseling Services and Director/Asst. Director of the Division of Student Engagement will have access to files pertinent to the student's records.