

Coahoma Community College
Division of Student Engagement
Counseling Center

Referral for Counseling

DATE _____

PARTICIPANT NAME

REASON FOR REFERRAL

Employee Signature: _____

Title: _____

PARTICIPANT 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 the Director/Assistant Director of Student Engagement will have access to files pertinent to the student's records.