REFERRAL FORM FOR FACULTY/STAFF

Student Name: __________________________ Student ID: __________________________

Student Phone Number: (H)_____________ (C)_______________________________

Faculty/Staff Name: ___________________ Department: ___________________

Faculty/Staff Phone Number: _________

Comments or concerns regarding the referral:

___________________________________________________________________________
___________________________________________________________________________

This form verifies the referral of a student to Counseling Services by a faculty/staff member of Campbell University. Please read the following options and check all that apply:

Regarding initial contact with student:
☐ The student came to me regarding his or her situation.
☐ I contacted the student regarding my concerns for him or her.

Regarding the faculty/staff member’s desired level of involvement:
☐ I want to refer the student for counseling services.
☐ I would like to know if the student accepted and acted on the suggestion to seek counseling with Counseling Services. *** Please understand that Counseling Services cannot release confidential information about a student without his/her written authorization. This includes confirmation of student’s attendance.***
☐ Other: _____________________________________________________________________

Regarding the student’s contact with the Counseling Services:
☐ The student will call or come by Counseling Services.
☐ The student wishes to be contacted by Counseling Services at the phone number listed above.
☐ Other: _____________________________________________________________________

_________________________________________ __________________________
Signature of Student Date

_________________________________________ __________________________
Signature of Campbell University Faculty/Staff Date

***Please note that this form IS NOT required for students to be seen or referred to Counseling Services. It is part of an effort to form a collaborative relationship between students, staff, faculty, and Counseling Services.

THIS FORM IS TO BE CAMPUS MAILED IN A SEALED ENVELOPE—MARKED CONFIDENTIAL— TO COUNSELING SERVICES.