



**\* CONFIDENTIAL \***

**UNIVERSITY COUNSELING CENTER  
REFERRAL FORM**

**713-313-7804 Main Number**

*Revised January 2016*

This form can be filled out by ANYONE within the TSU community. The purpose of this form is to identify students who may benefit from University Counseling Center services so that we may contact them. Please complete this form in its entirety and submit immediately.

**STUDENT NAME:** \_\_\_\_\_ / **T-Number** \_\_\_\_\_

**STUDENT PHONE NUMBER:** \_\_\_\_\_ / **Local** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**Referred By (optional):** \_\_\_\_\_ / **Phone** \_\_\_\_\_ / **Dept** \_\_\_\_\_

**Does this student know that you are referring him/her to the Counseling Center?** YES or NO

**May we inform this student that you referred them?** YES or NO

**Reason for Referral:**

Reason for referral:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Return Instructions**

Please return this form to the University