



Received by _____ (name) in the Office of the Dean of Students <input type="checkbox"/> in person <input type="checkbox"/> electronically <input type="checkbox"/> via mail on _____ (date) at _____ (time).

COUNSELING CENTER REFERRAL

You are required to sign this release of information and provide it to the Counseling Center Staff when scheduling your initial consultation and screening.

STUDENT INFORMATION

Name: _____	Campus ID: _____
E-mail: _____	Phone: _____

RELEASE OF INFORMATION

The student named above has been required to undergo an initial consultation and screening at the Counseling Center. The student is **STRONGLY** encouraged to follow through with any recommendations, if any, made by a counselor as a result of this assessment. This release of information allows the Counseling Center to provide the Office of Student Conduct with information regarding attendance to fulfill this sanction. This release of information also allows the Office of Student Conduct to provide information to the Counseling Center about the reason(s) for this disciplinary referral.

Please note that the deadline for this requirement is _____.

If you have any questions, please contact Student Accountability & Community Standards at 410-677-0022 or at studentconduct@salisbury.edu.

To be completed by student:

By signing below, I grant permission to the Counseling Center to report on my attendance at the initial consultation and screening to Student Accountability & Community Standards.

Student Signature

Date

To be completed by Counseling Center Staff:

The student named above has an initial consultation scheduled for _____. Confirmation of attendance will be sent once completed.

Signature

Date

Printed Name