

HAMPTON UNIVERSITY STUDENT COUNSELING CENTER
“Strengthening and Supporting Our Campus Community”

Referral Form

Please provide all of the identifying information for the student, and the reason for referral. Whenever possible, it is to be completed by the referring person and student together to promote maximum communication and follow through. Please send the form via confidential envelope or fax. Please do not send by email.

(Please print or type)

Student Name: _____ **ID #:** _____
(Last) (First) (MI)

Classification: _____ **Birth date:** _____ **Telephone:** _____
(Month/Day/Year) (Area Code + Number)

Local Address: _____
(Residence Hall or Street Address) (Apartment #)

(City) (State) (Zip)

Referring Person's Name: _____
(Last) (First) (MI)

Title: _____ **Telephone:** _____
(Area Code + Number)

University Office Location: _____

Reason for referral: Please check and specify the central concern for all that apply.

- At student's request:**
 - Academic:** _____
 - Mental/emotional health:** _____
 - Both:** _____

- At referring person's suggestion:**
 - Academic:** _____
 - Mental/emotional health:** _____
 - Both:** _____

Code of Conduct violation: _____

Judicial Hearing: _____

Hearing date: _____

Other (please specify): _____

Referrer's Signature _____ Date _____

Student's Signature _____ Date _____