

**Confidential**

# Herkimer County Community College Referral Form

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Referral Source: \_\_\_\_\_ Ext. \_\_\_\_\_

**It is helpful when contacting the student to let him/her know the source of the referral, although this is optional. May we give your name as the referral source?  Yes  No**

**If yes, signature** \_\_\_\_\_

Reason(s) for this Referral: (check all that apply)

Excessive Class Absences: \_\_\_\_\_  
Course and Section Number # of absences date of last attendance

"Acting Out"/Inappropriate Behaviors in Classroom or Elsewhere on Campus: \_\_\_\_\_

Possible Drug/Alcohol Abuse: \_\_\_\_\_

Possible Personal/Emotional Distress: \_\_\_\_\_

Other Concern (please explain) \_\_\_\_\_

Recommendations from referral source, if any: \_\_\_\_\_

**Send form to Counseling Center (Room: RMCC-262, Ext. 8284) Attn: Carol Lovell**  
**Once action is taken, a copy may be returned to referral source if release of information is completed by student.**

## Counseling Information Only

**Comments:**

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

**Counselor:** \_\_\_\_\_