

Counseling Information:

Referred by: _____

What are you wanting help with? _____

Is there any other information that you feel would be important for your counselor to know and understand about you? Yes No If yes, please take a moment to briefly describe.

Fees are due at the beginning of each session.

Please Note: Any fees charged to your student account could be seen by anyone who has access to you student financial account.

Your signature below verifies that you are aware and consent to billing your student account for counseling fees.

X _____