



MIRIAM COLLEGE
Guidance and Counseling Office

REFERRAL FORM

Data Privacy Clause: By completing this form, I hereby agree that Miriam College may collect, use, disclose and process my personal data for the purpose/s of referral. Requests for inspection, amendment or restriction of records must be in writing and addressed to the HEU Guidance and Counseling Office and must specify the reasons for the request. MC reserves the right to respond appropriately according to law.

DATE OF FILING

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Name of Referred Student			Year/Course	Semester/School Year
Last Name	Given Name	Middle Name		

Reason/s for Referral	
changes in academic performance	Please describe further.
changes in relationship with others	
changes in mood	
grieving over a significant loss <i>e.g. death of a significant person, family break up, relationship break up</i>	
expressing ideas of suicide/depression <i>e.g. unusual outputs in assignments, individual work, personal writing, art work; conversation or social media has a focus on suicide, death, and depression; "cut" wounds; make statements suggesting they have imagined themselves being dead and the impact this will have on others...</i>	
others	

Other information about the student that you feel the counselor should know about.

How long has student been like this?

Action(s) Taken Prior To This Referral to GCO

Referred by	Designation/Position	Email/Contact No.
(Signature Over Printed Name)		

To be filled out by GCO Personnel

Received by:	Date Received:
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NOTE: Please be informed that, when necessary, we will contact you for more information regarding your referral.