

## COUNSELING and STUDENT DISABILITY SERVICES REFERRAL FORM

Pecan Campus 3201 W. Pecan Blvd McAllen, Texas 78502-9701 Phone: (956) 872-2173 Fax: (956) 872-3430 Building K 2.900	Mid-Valley Campus 400 N. Border Weslaco, Texas 78596 Phone: (956) 447-1229 Fax: (956) 447-6607 Building F 110	Starr County Campus 142 FM 3167 Rio Grande, Texas 78582 Phone: (956) 488-5853 Fax: (956) 488-5843 Building G 1.304C	Technology Campus 3700 W. Military Hwy. McAllen, Texas 78503 Phone: (956) 872-6125 Fax: (956) 872-6169 Building B 175	Nursing & Allied Health Campus 1101 E. Vermont McAllen, Texas 78502 Phone: (956) 872-3077 Fax: (956) 872-3055 Building 1.408
Please fill out comple	tely.			
Date:				
Student Information:	:			
Name:		A#:		
Address: Phon				-
Campus: 🖵 Mid-Valle	ey 🔲 Nursing & Al	lied Health 🛛 🛛 Pe	can 🔲 Starr Co.	Technology
Reason for referral:				
Academic Transfer/T	Family Concerns Difficulties Transition Services Egnant & Parenting Serv	Career E Other: (p	v Concerns/Assessmer xploration lease specify)	_
Referred by:				
Name:		Depa	rtment:	
Phone number (s):		Camı	ous:	
Faculty/ Staff Signature		Date		
By signing below stud	dent acknowledges tha	t a referral was ma	de to Counseling and	Student Disability

**Student Signature** 

Services.

Date

**Statement of Equal Opportunity:** No person shall be excluded from participation in, denied the benefits of, or be subject to discrimination under any program or activity sponsored or conducted by South Texas College on the basis of race, color, national origin, religion, sex, age, veteran status or disability. Updated by SEP, 03/2016.