

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 completely.

Date: _____

Student Information:

Name: _____ A#: _____

Address: _____ Phone No: _____

 Campus: Mid-Valley Nursing & Allied Health Pecan Starr Co. Technology

Reason for referral:

<input type="checkbox"/> Personal/Family Concerns	<input type="checkbox"/> Disability Concerns/Assessment
<input type="checkbox"/> Academic Difficulties	<input type="checkbox"/> Career Exploration
<input type="checkbox"/> Transfer/Transition Services	<input type="checkbox"/> Other: (please specify) _____
<input type="checkbox"/> Title IX/Pregnant & Parenting Services	_____

Referred by:

Name: _____ Department: _____

Phone number (s): _____ Campus: _____

Faculty/ Staff Signature

Date

By signing below student acknowledges that a referral was made to Counseling and Student Disability Services.

Student Signature

Date