



Mars Hill University Counseling Center Referral Form

Please complete the referral form and deliver to the MHU Counseling Center:

Email: counseling@mhu.edu

Office: Nash 109

Campus Mail: Box 6687

***If you think the student is in immediate danger of harming themselves or others, please call Campus Security at 828.689.1230 or dial 911. Campus Security will notify the Counseling Center.**

Date of referral: _____

Name of the person making the referral: _____

Name of the student being referred: _____

Relationship to the student being referred: _____

Reason for referral: _____

Thank you for helping this student get referred for counseling services. The Counseling Center will contact you to confirm that the referral has been received. Please note that counseling services are confidential, and therefore all other communication regarding this student requires written permission from the student.