



**UNIVERSITY OF  
MARYLAND**  
Counseling Center

Shoemaker Building
College Park, Maryland 20742-8111
301.314.7651 TEL 301.314.9206 FAX

**Confidential Referral Form**

**University of Maryland School-Based Mental Health**

**Date:**

**Student Information**

Student name:

**Referral Source Information**

Name of referral source:

Relationship to Student:

Room # if DuVal High staff:

Phone # (if not DuVal High staff):

.....  
**Please note your concerns about the student:**

**Return to staff mailroom:**

**“Dr. Warner- UNIV OF MARYLAND MENTAL HEALTH” mailbox**