

Counselor Request Form

Name: _____ GDC# _____

Assigned Counselor: _____ Dorm _____

Instructions: If you need counseling services, please complete this form and return to your counselor via mail or in counseling session. Please check the space provided for the service you are requesting.

- | | |
|--|--|
| <input type="checkbox"/> Appointment of Assigned Counselor | <input type="checkbox"/> Parole Information |
| <input type="checkbox"/> Coy of Offender Account | <input type="checkbox"/> Special Visit |
| <input type="checkbox"/> Notary Services | <input type="checkbox"/> Transfer Request |
| <input type="checkbox"/> Program/Group Inquiry | <input type="checkbox"/> Detail Change |
| <input type="checkbox"/> Dorm/Bed Change | <input type="checkbox"/> Reentry Concerns |
| <input type="checkbox"/> Education/Vocation Inquiry | <input type="checkbox"/> Complaint (grievance) |

Explanation:

Signature: _____ **Date:** _____

For Staff Use ONLY

Date Received: _____

Staff Response:

Staff Signature _____ **Date:** _____