



To whom it may concern,

This correspondence has been created in order to address the referral for counseling services under PILLAR (People with Ideas of Love Liberty and Respect). In addition, parent has been informed about the referral and is in agreement to proceed. \_\_\_\_\_ and \_\_\_\_\_  
(Counselor) (CIS Site Coordinator)  
are in agreement to refer student to counseling under PILLAR. Cost will be paid through Communities In Schools of Laredo, Inc. (CIS).

Student's Name: \_\_\_\_\_ ID: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CIS Site Coordinator Signature

\_\_\_\_\_  
Date