

Alabama School Counseling Program Information and Signature Page

School's Name: _____

School's Address and Phone Number: _____

Principal's Name: _____

Principal's Signature: _____ Date: _____

Principal's Email Address: _____

Superintendent's Name: _____

Superintendent's Signature: _____ Date: _____

Superintendent's Email Address: _____

School Counselor's Name: _____

School Counselor's Signature: _____ Date: _____

School Counselor's Email Address: _____

School Counselor's Name: _____

School Counselor's Signature: _____ Date: _____

School Counselor's Email Address: _____

School Counselor's Name: _____

School Counselor's Signature: _____ Date: _____

School Counselor's Email Address: _____

School Counselor's Name: _____

School Counselor's Signature: _____ Date: _____

School Counselor's Email Address: _____

School Counselor's Name: _____

School Counselor's Signature: _____ Date: _____

School Counselor's Email Address: _____

Counseling Coordinator's Name: _____

Counseling Coordinator's Signature: _____ Date: _____

Counseling Coordinator's Email Address: _____