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: _________________________________________

Counseling Coordinator’s Name: ____________________________________________

Counseling Coordinator’s Signature: ___________________________ Date: __________

Counseling Coordinator’s Email Address: ___________________________________