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: _______________________________________