

Milton-Union High School
Request to See Counselor

Student Name: _____

Current Grade Level: _____

Who do you want to see: _____ Ms. Shaw _____ Mrs. Woodall

Reason for Request:

_____ Academic

_____ Personal/Social

_____ Crisis

_____ Other (Please explain briefly) _____

Preferred Dates/Times of Meeting: _____

****The School Counseling Office will receive this form once submitted. Your School Counselor will arrange a time to meet with you once received.**

Press the submit button on the right (using Internet Explorer) or email to shawp@muschools.com and woodallt@muschools.com.