



**LARAMIE COUNTY
COMMUNITY COLLEGE**
TRIO Student Support Services

Faculty/Staff Referral

[Please email this completed form to TRIO Student Support Services](#)

Date of Referral _____

Student Name _____

Student ID _____

Reason for Referral:

Student meets the following criteria to be eligible for participation:
(Please check all that apply)

- Low Income
- First Generation
- Disability

Would you like us to keep this referral confidential?

Yes No

Referring faculty/staff name: _____

Note: We will not provide your identity to the student unless you give us permission. We do want to have the opportunity to follow up with you about the referral status.