

**UNIVERSITY COUNSELING CENTER
OUTREACH / CONSULTATION REQUEST FORM**

1. REQUESTED SERVICE:

2. CONTACT PERSON (name, position, phone number, and email):

3. REQUESTED DATES (best days and times):

4. SERVICE RECIPIENT (university organization, residence hall, student group, or department):

5. TARGET POPULATION AND ANTICIPATED NUMBER ATTENDING:

6. SERVICE CONSIDERATIONS (needs assessment, preliminary consultation, space needs, equipment, group composition, cautions):

(TO BE COMPLETED BY OUTREACH COORDINATOR)

DATE OUTREACH REQUEST WAS MADE BY CONTACT PERSON:

DATE O/C COORDINATOR MADE REQUEST TO UCC STAFF:

SERVICE ASSIGNED TO:

SUPERVISOR:

(OR) REQUEST COULD NOT BE ACCOMMODATED BY UCC STAFF OR WAS REFERRED TO ANOTHER OFFICE (explain):