

UNIVERSITY COUNSELING CENTER  
**Student Request for Mental Health Information  
for Course Assignments or Other Projects**

TO: Megan Brown, Ph.D., Coordinator of Outreach and Consultation  
FROM: Front Office Staff

**PLEASE *PRINT* CLEARLY**

DATE: \_\_\_\_\_  
STUDENT'S NAME: \_\_\_\_\_  
STUDENT'S TELEPHONE #: \_\_\_\_\_  
STUDENT'S EMAIL ADDRESS: \_\_\_\_\_  
NATURE OF REQUEST (PAPER, CAMPUS NEWSPAPER ARTICLE, ETC): \_\_\_\_\_  
NAME OF PROFESSOR: \_\_\_\_\_  
DEPARTMENT: \_\_\_\_\_  
TITLE OF CLASS: \_\_\_\_\_  
TOPIC (DESCRIBE IN DETAIL): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE STUDENT NEEDS INFORMATION BY (please note that UCC cannot guarantee to provide the information unless given *two weeks* notice): \_\_\_\_\_

BEST TIME(S) TO CALL STUDENT: \_\_\_\_\_

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O/C Coordinator gave request to the following counseling staff:

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Staff Member Who Responded Completes Below  
and Returns Form to O/C Coordinator

Name of Staff Member Who Returned Call:  
Date Call was Returned:  
In-Person or Telephone Interview conducted on (date):  
Additional Notes: