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: ___________________________________________

________________________________________________________________________

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

________________________________________________________________________

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:

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