

University of Missouri  
Office of Student Accountability & Support  
Behavioral Health Triage Completion Form

Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_  
Appointment Date/Time \_\_\_\_\_ Sanction Due Date \_\_\_\_\_

**Release of Behavioral Health Triage Confirmation**

By signing below I, \_\_\_\_\_ certify that I allow the Student Health Center at the University of Missouri to notify the Office of Student Accountability & Support at the University of Missouri that I have attended a Behavioral Health Triage conducted by a licensed professional at the University of Missouri Student Health Center.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**To Be Completed by Student Health Center**

By signing below I, \_\_\_\_\_ certify that student \_\_\_\_\_ has attended a Behavioral Health Triage with me at the University of Missouri Student Health Center on the above date and time.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

**Please return to:**  
**Office of Student Accountability & Support**  
**MU Student Center G206**  
**University of Missouri**  
**Columbia, MO 65211**  
**Fax: (573) 882-3070**  
**Email: [accountability@missouri.edu](mailto:accountability@missouri.edu)**