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