



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 Conduct 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: conduct@missouri.edu