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 ___________________________