

School-Requested Basic Mental Health Evaluation Referral Form

Date of referral: _____

Student being referred: _____

Cell phone number: _____

Email: _____

Referring UMB staff member: _____

Campus phone number: _____

Email: _____

Other UMB staff/faculty members involved and contact information:

Reason for referral:

Referral question(s):

Date evaluation results* desired (must be at least 10 business days after evaluation is completed):

Signature, Referring UMB staff

*Students must complete a release of information for SCC to communicate results of evaluation to the referral source