Student Request for Documentation from CAPS

Full Name (first, middle, last):	PSU ID:	Today's Date (mm/dd/yyyy):
Phone:	Email:	Date of Birth (mm/dd/yyyy):

Instructions: Complete this form thoroughly to help us understand the nature of your documentation request.

Reason(s) for request (select all that apply):
- ☐ Send records to another treatment provider
- ☐ Documentation of appointment attendance
- ☐ Faculty Senate petition
- ☐ Student Disability Resources
- ☐ Faculty/professor communication

- ☐ Communication with parents
- ☐ Job application or background check
- ☐ Legal reasons
- ☐ Letter of support
- ☐ Other:

Describe your need for documentation from CAPS:

Who will receive this documentation (name, address, phone, fax)?
(*Requires a completed "Authorization to Disclose Protected Health information)

DO NOT WRITE BELOW THIS LINE - CAPS OFFICE USE ONLY:	
Date received (mm/dd/yyyy):	Reviewed by:
Notes / Outcome:	
CAPS Staff Signature:	Date Completed (mm/dd/yyyy):
CAPS Staff Instructions: Scan into student's file when completed with signed authorization(s).	