

Student Request for Documentation from CAPS

Name:	PSU ID:	Today's Date:
Phone:	Email:	Date of Birth:

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

<p>Reason(s) for request:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Send records to another treatment provider <input type="checkbox"/> Documentation of appointment attendance <input type="checkbox"/> Faculty senate petition <input type="checkbox"/> Student Disability Resources (O.D.S.) <input type="checkbox"/> Faculty/professor communication 	<ul style="list-style-type: none"> <input type="checkbox"/> Communication with parents <input type="checkbox"/> Job application or background check <input type="checkbox"/> Legal reasons <input type="checkbox"/> Letter of support <input type="checkbox"/> Other:
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Describe your need for documentation from CAPS:

Who will receive this documentation (name, address, phone, fax)?
 (*Also requires a completed "Authorization to Disclose Protected Health Information" form*)

CAPS OFFICE USE ONLY:

Staff Accepting Form & Date Received:	Form Forwarded to:
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Notes / Outcome:

Staff Signature (upon completion):	Date Completed:
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Instructions: Scan to student's file when completed, along with signed authorization(s).