

Date: ___ / ___ / ___



COUNSELING CENTER

Provider Assessment and Release Form

To the provider of care for: _____

The student named above is required to provide a current evaluation by a qualified clinical provider attesting to their receipt of medical and/or psychological services, emotional and physical stability, and ability to safely return to class and/or resume living on campus.

All students wishing to return to campus following emergency room treatment or inpatient hospitalization must provide adequate documentation of ability to return to campus and a completed continuity of care plan. This information will be used to make a decision about returning to the university. Requests for accommodations based on a disability must be made *by the student* to Student Accessibility Services in the Center for Student Success, which is located in Solution Central. Please use the attached form to complete your assessment and to make recommendations for follow-up care and treatment of this student. Please return as soon as possible, as this student's ability to return to RMU is contingent on the receipt of this information.

**Please return this completed form via mail or fax to: Tiffany Guthrie, MS, LPC, NCC
Counseling Center Director**

Mailing address:

Robert Morris University Counseling Center
6001 University Boulevard
Patrick Henry Center, Lower Level
Moon Township, PA 15108

Fax number:

412-397-5920

Note: Feel free to attach additional documentation on a separate sheet if necessary.

Name of Student: _____

Provider name and credentials:	
Address:	
Telephone number:	Fax number:
Email address: (optional)	
Date of last contact with student:	
Diagnoses or diagnostic impressions:	

