Student Life Disability Services Referral Form

Student Information:
Name:__________________________________________ Student ID #:__________________________
Primary Phone:_____________________ OSU Email Address:_____________________________________
Date of Birth:___/____/____   Preferred Method of Contact: ☐ Phone ☐ Email
Gender: ☐ Male   ☐ Female   ☐ Self-Identify________________________ Gender Pronouns:_____________
Student Status: ☐ Undergraduate   ☐ Graduate   ☐ Professional   Year in School:_________
Additional Notes:__________________________________________________________________________

Coordinating Information:
Is student currently working with an Advocate? ☐ Yes   ☐ No   
   If Yes, Name:_____________________________ Email:____________________________________
Report Filed? ☐ Yes   ☐ No   
   If Yes, With Whom? ☐ Columbus Police   ☐ OSU Police   ☐ Student Conduct
      ☐ Title IX   ☐ Other Jurisdiction (please specify):
Working With Other Offices? ☐ Student Conduct   ☐ CCS   ☐ Wellness Coaching   ☐ Criminal/Legal
      ☐ Non-University Counselling   ☐ CTAP   ☐ Title IX   ☐ Human Resources   ☐ Student Advocacy
General Student Concerns:________________________________________________________________________________________
____________________________________________________________________________________________________________________
Does student have a known trigger point? ☐ Yes   ☐ No
   If Yes: ☐ On-Campus   ☐ Off-Campus
Select All That Apply: ☐ Home/Residence Hall/Apartment   ☐ Campus Building*   ☐ Dining Hall*
      ☐ Classroom*   ☐ CABS/COTA Bus   ☐ Other:________________________________________
      * Please Specify:_______________________________________________________________________

By signing, I agree to release the information above to Student Life Disability Services and give them permission to contact me by the methods listed above.

Student Signature:_________________________________________________  Date:____/____/_____
Advocate Signature:________________________________________________  Date____/____/_____

Student Life Disability Services
098 Baker Hall, 113 W. 12th Ave., Columbus, OH 43210
Phone: 614-292-3307 | Fax: 614-292-4190 | VRS: 614-429-1334