THE OHIO STATE UNIVERSITY

Student Advocacy Center
001 Drackett Tower
191 W. Lane Ave.
Columbus, OH 43210

Phone: 614-292-1111
Fax: 614-688-4267

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