

UMB Student Counseling Center

621 West Lombard Street, Suite 302
Baltimore, MD 21201
410 328 8404 | 410 328 5291 FAX
http://www.umaryland.edu/counseling/

School-Requested Basic Mental Health Evaluation Referral Form

Date of referral:
Student being referred:
Cell phone number:
Email:
Referring UMB staff member:
Campus phone number:
Email:
Other UMB staff/faculty members involved and contact information:
Reason for referral:
Referral question(s):
Date evaluation results* desired (must be at least 10 business days after evaluation is completed):
Signature, Referring UMB staff

*Students must complete a release of information for SCC to communicate results of evaluation to the referral source