



CONSULTATION REQUEST FORM

If you would like to request a consultation with SWAT, please fill out the following information. Please print neatly. If you have any questions, please contact Tammy Bringaze at 572-5790.

Date of Request: _____

Your Name: _____

Address: _____

Telephone Number: _____

Email Address: _____

Description of Concern: _____

What Interventions Have Been Tried: _____

Others who may have relevant information (list name and type of information): _____

Your Signature

Date

Please submit this form to Tammy Bringaze at the Counseling Center located in Lammers Hall. The Student Well-being Advisory Team meets on Tuesdays from 1:30-3:00 pm in Ely 232. Walk-in consultations are welcome if you choose not to complete a request form.

