



Office of Student Rights and Responsibilities
Student Care Services

Dear Licensed Mental Health Professional,

_____ is a University of Central Florida student. The UCF office of Student Rights and Responsibilities (OSRR) has received notification that this student was involuntarily examined for imminent danger to self or others via the Baker Act. When OSRR received notification about such a situation, OSRR requires the student to participate in a mandated assessment by a mental health professional of their choice. The purpose of this assessment is to help ensure the student's safety through a follow up risk assessment and to help build connection with a potential ongoing mental health care provider.

This information has been reviewed by OSRR and has since been reviewed by Student Care Services (SCS). The student is required to provide proof of attendance at a mandated assessment to SCS within 2 weeks following their release from the hospital. Your completion of this form and the return of this form by either you or the student will suffice as proof of the assessment. In the release of information that you may need to complete, you can indicate the UCF Student Care Services office as the agency to which you are releasing information.

Please initial the items below that you endorse and complete the following information:

_____ I certify that I am a licensed mental health professional (e.g. LMHC, LMFT, LCSW, Licensed Psychologist, Psychiatrist).

_____ I verify that _____ has attended a mental health assessment appointment with me.

Printed Name

Street Address of your Practice

Profession/Title

City, State Zip code

License Number

Phone number of your Practice

Signature

Date