



OHIO
UNIVERSITY

Lancaster Campus|Pickerington Center

STUDENT REVIEW & CONSULTATION COMMITTEE
(SRCC) REFERRAL FORM

If you feel the situation warrants immediate attention, you are always welcome to call the Office of Student Services directly at 740.681.3310 or the Lancaster Police Department at 740.687.6680.

Submission Instructions: This form can be used by any member of the Ohio University or Lancaster community to refer a student whose behavior may appear distressed or disruptive and may be a cause of concern. The SRCC Committee reviews the information you provide, takes the most appropriate action and makes the necessary referrals and support. Please provide as much information as you can. If there are questions you cannot answer or information you are uncomfortable sharing, simply skip those entries. If you would like to first talk to someone about your concerns, call the Office of Student Services at 740.681.3310 and ask for Joshua Moore. You may e-mail him at moorej4@ohio.edu. Forms can be dropped off at the Information Desk or Student Services Desk or e-mailed to moorej4@ohio.edu.

Information About You

Date: _____

Your name _____
Last First

Your e-mail: _____ Phone: _____

Your relationship to student (please tell us who you are as the referring person):

- Student Friend Parent or Relative LPD Physician
 Roommate University Judiciaries Faculty Clergy Staff

Other (please specify): _____

Do you share a class or other activity with this person? Please specify: _____

Information Regarding the Student You Are Concerned About

You do not need consent from the at-risk student to make a referral and may do so without his or her knowledge. Please share with us all information you are able to supply regarding the student.

- Student is aware of the referral Student is not aware of the referral

Name: _____ Gender: _____ Age: _____

Type of residence: _____ Address: _____

Cell Phone: _____ Residence phone: _____

E-mail: _____ PID# _____

Year in school: _____

Other pertinent information: _____

Briefly describe the behavior that led you to be concerned about the student you are referring, and how you learned about the incident(s). Include the events leading up to and surrounding the student's distress, and any disruptive behavior or suicidal threat. Please include the date, time and location of the incident(s).

If there was a suicidal attempt or threat, please provide us with as much information as possible, e.g., was it a written or verbal threat, to whom was the threat made, what was the means used to carry out the threat (pills, knife, gun, drugs, etc.)?

To your knowledge, have there been previous incidents? Please explain.

Please provide names and contact information of those who might be able to provide more information about this incident.

ADDITIONAL COMMENTS:

If you would like to speak with someone from the Office of Student Services about your experience, or if you have concerns you would rather discuss in person, please do not hesitate to call 740.681-3310 and ask for Joshua Moore. You may e-mail him at moorej4@ohio.edu.