

# SOUTHEASTERN LOUISIANA UNIVERSITY

Office of Student Conduct  
SLU 10390 Hammond, LA 70402  
Ofc: 985-549-2213 Fax: 985-549-5103

## SUBSTANCE ABUSE ASSESSMENT VERIFICATION

**To the student:** You are required to complete a Substance Abuse Assessment at your own expense administered by a licensed mental health provider. In order to complete this sanction successfully, you must follow the steps below.

1. Choose a state accredited treatment facility/program. (The Office of Student Conduct can provide you with a list of local agencies.)
2. Complete the Consent for Release of Information below.
3. The assessment agency must complete the bottom portion with your results and recommendations.
4. You must return the completed form to the Office of Student Conduct upon completion of the assessment. Please note, recommendations of the Mental Health Professional are generally incorporated into the sanctions.

**It is your responsibility to return this completed form to the Office of Student Conduct, War Memorial Student Union, Room 205. This form is proof that you have completed a substance abuse screening and received recommendations as required by the Office of Student Conduct, and it will become part of your disciplinary record.**

### **I. To be completed by the student: Consent for Release of Information for Verification.**

I, \_\_\_\_\_, W# \_\_\_\_\_  
Student's printed name

hereby authorize the exchange of information between the individual(s) listed below and Southeastern University Office of Student Conduct and the University Counseling Center through written, verbal or electronic\* means for the purpose of determining completion of a substance abuse screening, receiving results, and receiving recommendations. I consent to consultation between the above-mentioned University departments and my mental health provider.

Contact	_____
Agency	_____
Address	_____
Phone #	_____

May your information be faxed and/or emailed? \_\_\_\_\_ Yes \_\_\_\_\_ No

\*Confidentiality cannot be assured through use of electronic communication such as fax and email.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

### **II. To be completed by the attending physician/licensed mental health provider.**

\_\_\_\_\_  
Print Student's Name W# \_\_\_\_\_

**a Southeastern Louisiana University student, has completed a Substance Abuse Assessment and the results are as follows:**

Assessment Results: \_\_\_\_\_

Recommendations:

\_\_\_\_\_ 1. Continued treatment on a \_\_\_\_\_ (weekly, biweekly, monthly, etc.) basis.

\_\_\_\_\_ 2. Treatment COMPLETED.

Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name, degree, and license type (M.D., LPC, LCSW, etc.)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone # for Verification