



Campus Safety and Wellness Acknowledgment

Forward to:

Office of Student Advocacy and Accountability
SLU 10390 | Hammond, LA 70402
Ofc: 985-549-2213 | Fax: 985-549-5103
www.southeastern.edu/ossa

Upon my return to the University, I understand that it is my responsibility to provide the following information to the Office of Student Advocacy and Accountability, located in Mims Hall Room 207, to advocate and assist me with my class excuses, resources, etc. **before returning to class:

- **Any Discharge Paperwork** - Provided by the treating mental health facility

** Failure to complete this form does not affect your eligibility to attend classes; however, it may result in delays in obtaining class excuses.

Acknowledgement

By signing the **Campus Safety Wellness Acknowledgment**, I, _____ hereby
(Student name and W#)

acknowledge that I have been advised by _____ to continue following through
(Name and title of staff)

with the recommendations assigned to you by your mental healthcare professional.

____ **Refusal of Advice:** This is to acknowledge that I have been informed of the risk(s) involved by my refusal of the above advice and will assume full responsibility for any effects as a result of this refusal. If a student is unable to sign or is a minor, a parent, guardian, or representative must sign below. (Place an "X" if you would like to refuse advice)

Student, Client, or Parent/Legal Guardian Signature

Date:

University Representative Signature

Date:

Lion Intervention Network (LINK)

LINK is a tool developed to help the Southeastern community identify students that may need the abundant resources available to them across campus. LINK can connect students with resources and empower them to take advantage of them for their benefit.

This is to acknowledge that I have been informed of the campus and community resources program, LINK, and the services available to me. By signing below, you hereby acknowledge that my name will be forwarded to LINK for additional resources.

Student, Client, or Parent/Legal Guardian Signature

Date:

Southeastern Threat and Response Team (START)

The START team functions as a communications and information-sharing network that assesses and responds to students in crisis in or out of the classroom.

This is to acknowledge that I have been informed of the function and purpose of START. By signing below, you hereby acknowledge that my case will be consulted, processed, and reviewed by the START committee.

Student, Client, or Parent/Legal Guardian Signature

Date:

Consent

By signing below, I hereby consent that this form can be released to OSAA, if completed by another office on campus.

Student, Client, or Parent/Legal Guardian Signature

Date: