



21250 Stevens Creek Blvd
Cupertino, CA 95014
RSS, Rm 258

Request for Documentation Form

Name of Student:

Date Documentation is needed (must be 7 or more business days from time of submission):

CWID #:

Assigned Clinician Name:

Approximate Date of First Appointment:

Brief description of reason for requiring documentation (i.e., current difficulty):

Y N

Do you believe the current difficulty is related to a mental health issue?

**Do you believe the current difficulty is related to environmental factors?
(e.g., housing, food insecurity, basic needs?)**

Please note: To qualify for documentation the student must have an established professional relationship with one of our counselors and have attended 3+ sessions.

Name of Person Completing Form

Signature of Person Completing Form

Date Form was Completed

Email Preferred for Contacting Student