**S-CAPS Phone/Zoom Consult Information Form**

**(Please click respond, fill in the information and then click send. An S-CAPS staff member will email you to arrange a consultation appointment time. A Word Document of this form has been attached in case you are unable to write in the email)**

**Name: FDU Student ID#:**

**Date of Birth:**

**Cell Phone:**

**Home Phone:**

**Email Addresses:**

**Current Address:**

**Emergency Contact Person:**

**Relationship:**

**Home Phone Number:**

**Cell Phone Number:**

**Address:**

**Request:**

**I agree to the terms of the S-CAPS INFORMED CONSENT FOR PHONE and/or ZOOM CONSULTATION APPOINTMENTS DURING THE COVID-19 PANDEMIC:**

**Electronic Signature and Date:­­­­­­­­­­­­­** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_