

Outreach Request Form

Through completing this form, we at CAPS will be better able to meet your needs regarding outreach programming. The following information will help provide us with detailed information and clarify the goals of the requested outreach.

Please make requests at least two weeks in advance. In the event you request an outreach in less than two weeks we will do our best to accommodate such request.

Department/Hall or Organization _____

Contact Person _____

Email and/or Phone # _____

Topic/s Requested (i.e. CAPS Services, Mental Health, Alcohol and Other Drug, Stress Management, etc.,)

Do you have a specific staff member in mind? _____

Location _____

Date/Time _____

Duration _____

of people expected _____

Purpose/Objective

What areas would you specifically want addressed?

Submit request through the following options:

c/o Outreach Coordinator

-intercampus mail

-fax: 707-826-5735

-email: dlh3@humboldt.edu

We will confirm either by phone or email. Thank you!