



Student Conduct
405 Corey Union
607-753-4725 (p)
607-753-4868 (f)
student.conduct@cortland.edu

Alcohol and Other Drug Evaluation

You must complete an Alcohol and Other Drug Evaluation at an OASAS Certified facility or a private OASAS Certified evaluator. This evaluation and the attached document, along with any other supporting information necessary, must be submitted to Student Conduct by the evaluator no later than the date assigned by your hearing officer. It is important you are communicating with Student Conduct on the progress of your evaluation and/or treatment plan to remain in compliance.

OASIS certified Cortland County facility:

Family Counseling Services of Cortland County, Inc.
165-177 Main St
Cortland, NY 13045
(607) 753-0234 Ext. 131

Other OASAS certified facilities and evaluators can be found at:

https://webapps.oasas.ny.gov/providerDirectory/index.cfm?search_type=2

Please select "Providers of Clinical Screening and Assessment Services for the Impaired Driving Offender"

****You must comply with all treatment recommendations at the conclusion of the evaluation. Failure to do so will result in non-compliance charges being filed.****

Verification of completion of all recommended treatment must be submitted by the evaluator to Student Conduct no later than one week after completion.

Please contact your hearing officer or Student Conduct at 607-753-4725 or student.conduct@cortland.edu if you have any questions.

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To Whom It May Concern:

The information below identifies the procedures that _____ must comply with as the result of a sanction received from SUNY Cortland.

A. The evaluation must utilize the DSM criteria for diagnosis and will include a urine screen. Please contact Student Conduct if you are seeking an exception to this. All providers will be reviewed, and decisions made regarding allowable providers are up to the discretion of Student Conduct.

Facility:

Name of facility: _____ Name of evaluator: _____

Address: _____ Phone: _____

DSM evaluation completed: _____
DATE

Urine screen completed: _____
DATE

Recommended for treatment? Yes No Did the client accept treatment? Yes No

If yes to either/both questions above, what treatment was recommended?

Signature of Evaluator: _____

B. **Releases of information** must be signed for the individual /agency (collateral contact) listed below. You must provide current and accurate contact information to the selected agency.

1. Becky Nadzadi or designee: Student Conduct, SUNY Cortland

The facility releases have been signed _____
DATE

C. **ALL** collateral contacts listed must be disclosed to the selected agency and contact with each agency must be requested by you. The selected agency must contact those collaterals **prior** to new evaluation results/diagnosis recommendations.

We request that you provide the required information and return this form to:

Becky Nadzadi
405 Corey Union
SUNY Cortland
Cortland, NY 13045
607-753-4868 (f)
student.conduct@cortland.edu