



Testing Center

Psychological Test Request

University of Utah
 Testing Center
 Student Services Building
 201 S. 1460 E. RM. 498
 Salt Lake City, UT 84112-9059

Email: testingcenter@sa.utah.edu
 Web: www.sa.utah.edu/testing

Phone: 801-581-8733
 Fax: 801-585-1932

Directions

Counselor: In order to have your clients tested at the Testing Center, you must either be on the staff of the University Counseling Center, or on the Testing Center's Approved Counselor's List. If you meet this criterion, please complete the "Counselor Section" and check the desired tests below. Provide the Testing Center with a completed Test Request for each client you wish to have tested. This form may be submitted as an email attachment, or dictated over the phone if necessary. It is also recommended that you supply your client with a copy of their Test Request, and that you direct him or her to follow the instructions it contains.

Client: Please come to the Testing Center during "Paper-Based Testing Hours," allowing enough time to finish the test(s) before closing time. Be prepared to present your copy of the Test Request, provide photo ID, and pay all applicable testing fees shown below, unless they are to be paid by your counselor.

Paper Testing Hours

Monday	Tuesday	Wednesday	Thursday	Friday
8:00 am - 3:00 pm (day)	4:30 pm - 8:30 pm (evening)	8:00 am - 3:00 pm (day)	4:30 pm - 8:30 pm (evening)	8:00 am - 3:00 pm (day)

Counselor Section

Client:	Today's Date:
Counselor:	Agency:
Phone Number:	Address:
Email:	City, State, Zip:

Tests Ordered	Report Type	Date Given	Time Started	Time Finished	Proctor	Cost
<input type="checkbox"/> CISS						
<input type="checkbox"/> DAT						
<input type="checkbox"/> MBTI	<input type="checkbox"/> Career <input type="checkbox"/> Interpretive					
<input type="checkbox"/> MCMI-III	<input type="checkbox"/> Profile <input type="checkbox"/> Interpretive					
<input type="checkbox"/> MMPI-2	<input type="checkbox"/> Extended <input type="checkbox"/> Interpretive					
<input type="checkbox"/> SASSI						
<input type="checkbox"/> SCAT						
<input type="checkbox"/> SCL 90-R						
<input type="checkbox"/> SII						
<input type="checkbox"/> 16 PF						
<input type="checkbox"/> Other	Specify:					

Client Affiliated with UofU: Yes No Charge: Client Counselor Practicum

Total