



Student Conduct
501 Culkin Hall
(315) 312-3378

Alcohol and Other Drug Evaluation

You must complete an Alcohol and Other Drug Evaluation at a DSM Certified facility or a private DSM Certified evaluator. This evaluation must be completed 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.

Three preferred facilities in Oswego County are:

County of Oswego Council on Alcoholism and Addictions (COCOAA)
53 East 3rd St.
Oswego, NY 13126
(315) 342-2370

Farnham Family Services
283 W. 2nd Street, Suite 200
Oswego, NY 13126
(315) 342-4489

Harbor Lights
3358 Main St.
Mexico, NY 13114
(315) 963-0777

Other DSM certified facilities and evaluators can be found at:

<https://www.oasas.ny.gov/ProviderDirectory/index.cfm>

****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.****

Please contact your hearing officer or Student Conduct at 315.312.3378 or conduct@oswego.edu if you have any questions.



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P: (315) 312-3378
F: 315-312-2503
conduct@oswego.edu

To Whom It May Concern:

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

- 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 patient accept treatment? Yes No

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

- 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, Oswego State

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
501 Culkin Hall
Oswego, N.Y. 13126
Fax: 315-312-2503