



# 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](mailto:testingcenter@sa.utah.edu)  
 Web: [www.sa.utah.edu/testing](http://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

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
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
___ CISS						
___ DAT						
___ MBTI	___ Career ___ Interpretive					
___ MCMI-III	___ Profile ___ Interpretive					
___ MMPI-2	___ Extended ___ Interpretive					
___ SASSI						
___ SCAT						
___ SCL 90-R						
___ SII						
___ 16 PF						
___ Other	Specify:					

Client Affiliated with UofU: \_\_\_Yes \_\_\_No    Charge: \_\_\_Client \_\_\_Counselor \_\_\_Practicum

<b>Total</b>	
--------------	--