Virginia Union University Campus Police and Security Student Statement Form

Case No:			Date:/	/ Time:	
Check One:	[] Victim	[] Witness	[] Suspect		
Name:			_ SSN:	DOB: //	
Local Address					
Street:					
City:			State:		
Telephone:			Cell Phone:		
VUU Email:					
Permanent Addre					
Street:					
City:			State:		
Telephone:			Student ID:		
Statement					

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Case No:	Name:		Date:	
Conduct may result r address. Therefore, it hearing by accessing email address (judici responsibility to cont	s statement, I acknowledge my un n a judicial hearing, and that the o t is my responsibility to obtain inf my VUU email account. I further alaffairs@vuu.edu). In the event t tact the Hearing Officer through the otain such information. I understan or letter.	fficial method of communit formation about the status of understand that I may con that the VUU email system the Office of Student Affairs	cating such is in f my case and tact the hearing cannot be access (Henderson s	my VUU email potential g officer at the essed, it is my tudent Center)
Student Signature:		Dat	e://	