



### Student Witness Statement Form

#### WITNESS INFORMATION

Student Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Local Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Campus Email: \_\_\_\_\_

Classification: \_\_\_\_\_ Major: \_\_\_\_\_

#### INCIDENT INFORMATION

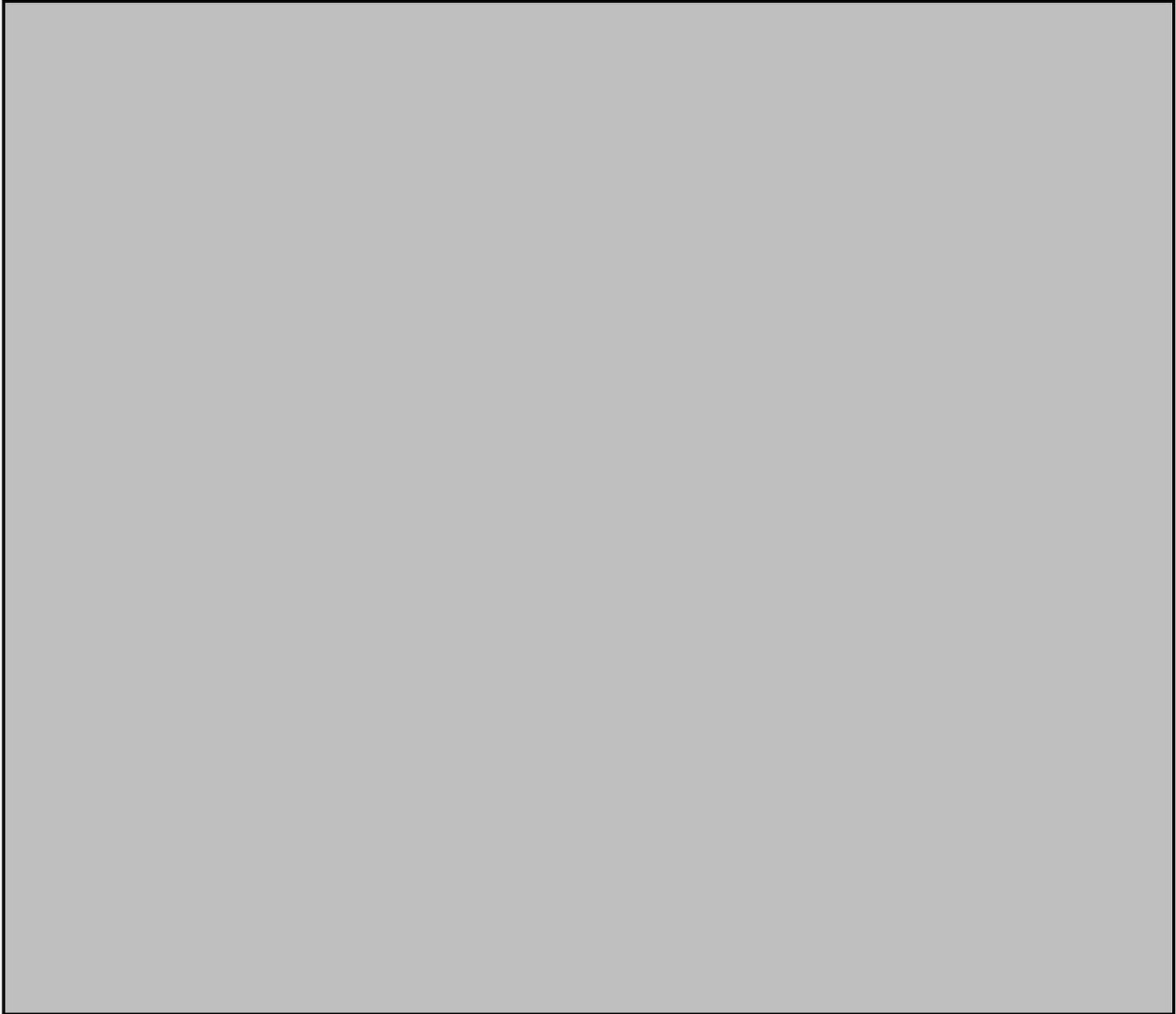
Name(s) of student(s) involved:

Student 1: \_\_\_\_\_ Student 2: \_\_\_\_\_

Student 3: \_\_\_\_\_ Student 4: \_\_\_\_\_

Date/time of the alleged incident: \_\_\_\_\_ Location of alleged incident: \_\_\_\_\_

#### WITNESS STATEMENT (Attach additional sheets if necessary)



**WITNESS CERTIFICATION**

I certify that this statement provided to the Southern University and A&M College Office of the Dean of Students is truthful and accurate.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**