

Student Statement Form

Name of Student Making Statement:				
ID #:	Phone Number	Phone Number:		
Address:(Street Address)				
(Street Address) E-Mail Address:	(City)	(State)	(Zip)	
Statement:				
Signature of Person Making Statement		Date		

Privacy Act Notice: State law and university policy, with limited exceptions, allows you to be informed of information the University collects about you, to review and obtain the information on this form and to correct any information you believe is incorrect.