Virginia Union University Campus Police and Security Student Statement Form

Case No:		Date: / /	Time:
	[] Witness	[] Suspect	
			DOB://
Local Address			
Street:			
		Cell Phone:	
Permanent Addre			
Street:			
Statement			

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Case No:	Name:	Date:/
Conduct may result n a judicial her address. Therefore, it is my responshearing by accessing my VUU ememail address (judicialaffairs@vuuresponsibility to contact the Hearing	acknowledge my understanding that violation aring, and that the official method of communication about the state ail account. I further understand that I may alredu. In the event that the VUU email system Officer through the Office of Student Amortmation. I understand that the Office of St	nunicating such is my VUU email tus of my case and potential contact the hearing officer at the stem cannot be accessed, it is my ffairs (Henderson student Center)
Student Signature:		Date: / /