

W KLSU Stu@enRURiorlU Baton Rouge, LA 70803 Telephone: 225-578-4307

Student Statement Form

Printed Name	Student ID #
The purpose of this informal meeting with an admi Accountability office is to provide you with the oppose describing what you experienced as a result of this a detailed summary of what happened from your pappropriate, identify potential witnesses or other pup investigation.	ortunity to address the stated charge(s) by s incident. In the space below, please furnish perspective and in your own words. If
To the best of my knowledge, everything	I have recounted on this form is true.
Signature	Date