



**SOUTHERN UNIVERSITY AND A&M COLLEGE**  
**OFFICE OF THE DEAN OF STUDENTS**

**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)**



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**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**