

4th Floor LSU Student Union Baton Rouge, LA 70803 Telephone: 225-578-4307

Student Statement Form

Printed Name	Student ID #
The purpose of this informal meeting with an administrator from the Student Advocacy & Accountability office is to provide you with the opportunity to address the stated charge(s) by describing what you experienced as a result of this incident. In the space below, please furnish a detailed summary of what happened from your perspective and in your own words. If appropriate, identify potential witnesses or other pertinent information that may require a follow up investigation.	
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To the best of my knowledge, every	ything I have recounted on this form is true.
Signature	Date