DATE STAMP

Verified By:_____
OCS Staff Initials

(The witness listed below must submit this form in person to the Office of Community Standards, Room 243 Student Center at least 1 business day prior to the stated hearing date)

OFFICE OF COMMUNITY STANDARDS
ABSENTEE WITNESS TESTIMONY

Witness Name:_____
HUID#:_____ Phone #: _____

Student Charged:_____
Hearing Date:_____ Hearing Time:_____

Witness Signature:_____
Date:_____

Witness Testimony:_____
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End of Testimony_____ Continued_____

End of Testimony_____ Continued_____