OCS 0912

ABSENTEE WITNESS TESTIMONY

Witness Name: ________________________________________________________________

Witness Cell Phone Number: ____________________________________________________

Witness Academic Conflict – Check one of the following that best describes your academic conflict:
Class ___ Internship ___ Mandatory class activity ___ , please explain the activity: _______________

________________________________________________________________________________

RA’s ONLY – Initial here if Incident Report will serve as your absentee witness testimony (only do so if
you have no additional information to add as an absentee witness): ______

By signing this ‘Absentee Witness Testimony Form,’ I understand and agree that I am responsible for the
truth and accuracy of my witness testimony and I further understand that failure to fulfill this
responsibility may result in charges of Perjury:

Witness Signature: ________________________________ Date: __________________________

This Absentee Witness Testimony is for the hearing to be held on ____________ at ______

Witness Testimony: _____________________________________________________________

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Check one: End of Testimony _____ Testimony Continued on next page: _____