UNIVERSITY OF NORTH TEXAS
CSRR
Center for Student Rights and Responsibilities

Student Statement Form

Name of Student Making Statement: _____

ID #:_____ Phone Number:_____

Address:_____
(Street Address) (City) (State) (Zip)

E-Mail Address:_____

Statement:_____

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Signature of Person Making Statement Date

Privacy Act Notice: State law and university policy, with limited exceptions, allows you to be informed of information the University collects about you, to review and obtain the information on this form and to correct any information you believe is incorrect.

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