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| Student witness statement form |

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| STUDENT NAME | ADDRESS |
|  | [Street Address] [City, ST ZIP Code] |
| FATHER/GUARDIAN NAME | DATE OF ALLEGED INCIDENT: DD/MM/YYYY |
|  | LOCATION OF ALLEGED INCIDENT: [LOCATION] |
| DEGREE.COURSE REGISTERED |  |
| [Name of the DEGREE/COURSE Registered] | SUBJECT DETAILS:  Subject-1  Subject-2 |
| REGISTRATION NO [Registration No] |  |

# NAME OF STUDENTS INVOLVED

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| STUDENT NAME | CLASS/DEGREE | REGULAR? | CONTACT NUMBER |
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STATEMENT

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I certify that this statement provided to the [INSTITUTE NAME] Office of the Dean of Students is truthful and accurate.

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Date Witness Signature

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