



Witness Participation Form

NAME OF WITNESS / VICTIM: _____

Texas A&M University

CLASSIFICATION OR STATUS:

Current Student
 Staff

Faculty
 Visitor to Campus

ADDRESS: _____

CITY/STATE/ZIP: _____

LOCAL TELEPHONE NO.: _____

OTHER TELEPHONE NO.: _____

E-MAIL ADDRESS: _____

You have identified yourself as a witness or have been identified as a witness in an incident involving an alleged violation of the Texas A&M University Student Rules. This document is designed to provide you an opportunity to state your preference regarding your participation in a student conduct conference related to the identified incident. Please answer the questions below and return this form to Student Conduct Services staff as soon as possible.

PARTICIPATION IN CONDUCT CONFERENCE:

(check all that apply)

_____ I wish to provide a "statement of fact" related to this incident for use in a student conduct conference. In addition, I will answer any questions posed by a University official investigating this incident.

_____ I wish to participate "in person" at any student conduct conference related to this incident.

_____ I wish to participate via a telephone conference call at any student conduct conference related to this incident.

_____ I will answer written questions posed by the conference officer(s) or the charged student(s).

_____ I DO NOT wish to participate in any student conduct conference related to this incident.

NOTIFICATION OF CONDUCT CONFERENCE RESULTS (Victims Only):

(Due to federal regulations regarding the release of information contained in student's education files, only the victims of violent crime are entitled to this information)

_____ I wish to be notified of the outcome of said student conduct conference via telephone call only.

_____ I wish to be notified of the outcome of said student conduct conference via written documentation.

_____ I wish to be notified of the outcome of the student conduct conference via telephone and written documentation.

_____ I DO NOT wish to be notified of the outcome of the student conduct conference.

As a witness/victim I understand that under the Federal Education Rights and Privacy Act of 1974 the charged student's conduct file and conduct conference are confidential. I understand that I can not re-release any of the information without consent of the charged student.

Signature: _____ Date: _____

Student Conflict Resolution Services
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College Station, TX 77843-1257

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