



OKLAHOMA STATE UNIVERSITY

CENTER FOR HEALTH SCIENCES

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Dispatch: 918-625-8592 Email: chs.security@okstate.edu



STATEMENT OF WITNESS

Name: _____ Date of Birth: _____ CWID # _____

Address: _____ Zip: _____

Home Ph: _____ Cell Ph: _____ Email: _____

I, _____, being a witness/victim in a matter investigated by the Oklahoma State University-Center for Health Science, have agreed to provide the following voluntary statement to _____ who has introduced him/herself to me as an officer of that department, in order to assist the Oklahoma State University-Center for Health Science Security Department with their investigation. I have read each page of this statement consisting of _____ pages and hereby certify that the facts contained herein are true and correct to the best of my knowledge. Each Page of this statement bears my signature and corrections, if any, bear my initials.

This statement was completed on the _____ day of _____, 20_____, at _____, AM/PM.

STATEMENT:

Signed: _____ Page _____ of _____

