Kent State University Police Services
Statement Form

Incident _____ Report Number _____

Date of Report _____ Page ____ of ____

I, _____, make this voluntary statement to (Officer) _____

at (Location) _____ on (Date/Time) _____

Signature _____ Print Name _____

Address _____

SSN _____ Date of Birth _____ Phone _____

Officer _____ Unit Number _____