## Student Conduct Office A Unit of the Dean of Students Office Illinois State University

## Request Form for Utilizing the Medical Amnesty and Good Samaritan Policy

Name:	UID #:
Location of incident:	Date of incident:
Describe the incident:	
Provide names and/or contact information provided.	for anyone who can support the information you've
Please explain how you got aid for yoursels emergency personnel.	f or someone else, and how you cooperated with
<ol> <li>following criteria:         <ol> <li>You must have sought (and cooperated someone else, or have requested an appropriate region of the solution of the solution.</li> </ol> </li> <li>If available, you must provide any naminformation you've provided.</li> </ol>	nes or contact information for anyone who can support the mplete appropriate educational sanctions for any alcohol
	e Manager will make the final determination as to the he right to reject a student's request for deferred sanction
For SCO Staff:  Amnesty Approved  Amnesty Denied	
Rationale:	