



Benedictine University Police Department
5700 College Rd. Lisle, IL. 60532
(630) 829-6122



Voluntary Statement Form

Name: _____ **D.O.B.:** _____ **Student I.D #:** _____

Social Security #: _____ **Home Address:** _____

Home Phone: _____ **Campus Address:** _____ **Ext:** _____

Cellular Phone: _____ **Campus Mailbox:** _____ **Fresh Soph Junior Senior Graduate**

(If completed online, this box is not applicable.)

Interviewed by: _____ **Time:** _____ **Date:** _____

Location of Interview: _____

Voluntary written statement made by person indicated at the top of this form.

I, _____ on date _____ at time _____ do hereby swear that
 The following is true and factual to the best of my knowledge.

Interviewing Officer: _____ Badge: _____ Person Making Statement: _____
 Signature Signature