



## STUDENT FOLLOW UP FORM FOR SUSPECTED CHEMICAL IMPAIRMENT

Student Name: \_\_\_\_\_ Student UIN: \_\_\_\_\_

Student Program: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

I understand that I have been given this form as a result of a suspected chemical impairment situation. I further understand that I must contact my advisor, dean, or division program official immediately or within 24 hours if the advisor, dean, or program official is not available.

**\*\*This form should be given to the student at the time of the incident and should be in triplicate form. White copy to student, yellow copy to Academics, and pink copy to campus safety.\*\***