University Academy Security Department
6801 Holmes Rd. Kansas City Mo. 64131
Office 816.412.5937 Fax 816.410.0322

Statement Form

Today's Date: _____

Name: _____

Check one:
___ Student ___ Staff ___ Visitor ___ Parent

What date and time did the situation occur? _____ _____
Date Time

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Print name **Sign name**

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