

**VILLANOVA UNIVERSITY  
DEPARTMENT OF PUBLIC SAFETY  
STATEMENT**

CONTROL # \_\_\_\_\_

NAME: \_\_\_\_\_ SS# \_\_\_\_\_

LOCAL RESIDENCE: \_\_\_\_\_ LOCAL PHONE # \_\_\_\_\_

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SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_