

**School of Law**  
Law Building  
215 Centennial Dr Stop 9003  
Grand Forks, ND 58202-9003

**SCHOOL OF LAW APPLICATION AMENDMENT /  
SUBSEQUENT DISCLOSURE FORM**

Student Name \_\_\_\_\_

Student ID \_\_\_\_\_

I wish to disclose the following incident to the School of Law:

Date of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Factual Narrative of Incident (attach additional sheets, if necessary):

Disposition of Incident:

(If date of incident is more than thirty days prior to date of disclosure) Explanation for delay in disclosing incident:

Signature \_\_\_\_\_

Date \_\_\_\_\_

*If you cannot electronically sign, please print and sign*

**RETURN COMPLETED FORM TO OFFICE OF STUDENT LIFE**