

School of Law
Law School
215 Centennial Dr Stop 9003
Grand Forks, ND 58202-9003
Phone: 701.777.2104
law.UND.edu

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

Student Name _____

Student ID _____

Class Year _____

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 _____

(physical signature required)

RETURN COMPLETED FORM TO OFFICE OF STUDENT LIFE