UNIVERSITY of NEW HAMPSHIRE
Office of Conduct and Mediation
Hitchcock Hall Room 2
862-3377

Request for Invoking Medical Amnesty

This form must be filled out completely

This request must be submitted to the Office of Conduct and Mediation, 2 Hitchcock Hall, within 5 business days of the incident. The request will be reviewed and you will be contacted via your UNH e-mail address within 5 business days.

Student submitting the request (please print): _____

Student ID: _____ Phone: _____

UNH e-mail address: _____

1. I sought medical/professional assistance for another person who was under the influence of alcohol. Below is a brief description of the incident and my role in obtaining assistance.

2. I sought medical assistance for myself or someone else sought medical assistance for me because I was under the influence of alcohol. Below is a brief description of the incident and why I needed assistance.

Documentation from a medical or attending professional must be turned in to the Office of Conduct and Mediation before your request will be considered.