



REQUEST FOR INVOKING MEDICAL AMNESTY

This request must be submitted to Community Standards, Ground Floor Hitchcock Hall, within 2 business days after meeting with the complainant. **The form must be filled out completely.** The request will be reviewed and you will be contacted of the decision via your UNH e-mail address.

Student Submitting Request (please print): _____

Student ID: _____ Phone: _____

UNH Email: _____

Please check the option that applies to your request and provide the requested information.

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.

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 supplied to Community Standards before your request will be considered.