Student name: _______________________________  Student ID: _________________________

This student completed:

☐ eCHUG follow-up meeting  ☐ Risk Reduction

☐ Other (explain): ________________________________________________________________

Signature: _______________________________  Date: _______________________________

Alcohol and Other Drug Health Educator

This is to complete a sanction or condition for the following office:

☐ MEDICAL AMNESTY

Return this form to:
Office of Health Promotion
Student Health & Counseling Services
1525 Clifton Road

☐ STUDENT CONDUCT

Return this form to:
Office of Student Conduct
Dobbs University Center
Suite E505

SANCTION OR CONDITION IS NOT CONSIDERED COMPLETE UNTIL THIS FORM IS TURNED IN BY THE STUDENT