**Request to Present Information**

Please read this document carefully. When completed it constitutes an agreement between you and the University community.

Name of Accused Student(s) _____________________________________________

Scheduled Date of Hearing: _____________________________

I, ________________________________________, am the □ Respondent □ Student Conduct Advisor □ Case Coordinator for the case indicated above.

I intend to present information, evidence, and/or witnesses, prior to a finding and/or sanction decision being made at the Conduct Hearing/Academic Integrity Hearing. Listed below is a list of the evidence and/or witnesses, as well as a brief explanation of the subject matter of each, I intend to present. I am aware and understand that the conduct officer will review all evidence and witnesses to determine admissibility. I also understand that it is my responsibility to provide the conduct officer with scheduling information regarding any witnesses at the time this request is submitted. It is also understood that the hearing will not be postponed in any way if at the time of the hearing I am unable to provide the evidence or witnesses listed below. Written statements by witnesses or others having knowledge of the allegations may be allowed in the absence of a personal appearance by the writer if such statements are notarized or represent testimony by a sworn law enforcement officer or University official. Such statements will be weighed by those hearing the allegations on the basis of their content and relevance.

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<th>WITNESS NAME</th>
<th>SUBJECT MATTER</th>
<th>PHONE/E-MAIL</th>
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INFORMATION

1. _____________________________________________

2. _____________________________________________

3. _____________________________________________

This information request form must be provided to the conduct officer, for consideration, three days (72 hours) prior to the hearing. I have the right to review the Request to Present Information no less than one (1) business day prior to the hearing. In signing this request, I acknowledge the terms and conditions of this process as stated above. For additional information, refer to the Student Code of Conduct/Academic Integrity Policy available online at osrr.uncg.edu.

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Name of Individual Submitting Form ____________________________

Signature of Individual Submitting Form ____________________________

Date ____________________________

Conduct Officer Signature ____________________________

Approved □ Denied □

Date ____________________________

Revised 3/2019