



# Radford University Police Department

P.O. Box 6883 Radford, Virginia 24142 (540) 831-5500



## *Voluntary Written Statement*

						Case Number
Name (Last, First, Middle)				Social Security Number		Date of Birth
Driver's License #	State	Height	Weight	Hair Color	Eye Color	Employer
Local Address (Numeric and Street Name)			City		State	Zip
Permanent Address (Numeric and Street Name)			City		State	Zip
Cell Phone Number		Home Phone Number		Work Phone Number		

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Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Officer: \_\_\_\_\_

Date: \_\_\_\_\_

(Continue on the back of this form if needed. You must sign and date the front and back if used)



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## *Voluntary Written Statement*

Area for writing the voluntary written statement, consisting of multiple horizontal dotted lines.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Officer: \_\_\_\_\_

Date: \_\_\_\_\_