

# SOUTHEASTERN LOUISIANA UNIVERSITY

Office of Student Conduct

P.O. Box 10390

Hammond, LA 70402

## ALCOHOLICS ANONYMOUS VERIFICATION FORM

### To the student:

You are responsible for attending the 12 Step Program AA sessions. When you have completed your AA sessions, you must have a member complete and sign the bottom portion of this form. ***It is your responsibility to return this completed form to the Office of Student Conduct, War Memorial Student Union, Room 205.*** This form is your proof that you have attended and completed the Alcohol Anonymous sessions as required by the Office of Student Conduct and it will become a part of your disciplinary record.

### To the AA Provider:

\_\_\_\_\_,  
(Print Student's Name)

a Southeastern Louisiana University student, has attended Alcohol Anonymous.

### Session 1:

\_\_\_\_\_  
AA Provider's Signature

\_\_\_\_\_  
Date

### Session 2:

\_\_\_\_\_  
AA Provider's Signature

\_\_\_\_\_  
Date

### Session 3:

\_\_\_\_\_  
AA Provider's Signature

\_\_\_\_\_  
Date

### Session 4:

\_\_\_\_\_  
AA Provider's Signature

\_\_\_\_\_  
Date

### Session 5:

\_\_\_\_\_  
AA Provider's Signature

\_\_\_\_\_  
Date

### Session 6:

\_\_\_\_\_  
**AA Provider's Signature**

\_\_\_\_\_  
**Date**

**Session 7:**

\_\_\_\_\_  
**AA Provider's Signature**

\_\_\_\_\_  
**Date**

**Session 8:**

\_\_\_\_\_  
**AA Provider's Signature**

\_\_\_\_\_  
**Date**

**Session 9:**

\_\_\_\_\_  
**AA Provider's Signature**

\_\_\_\_\_  
**Date**

**Session 10:**

\_\_\_\_\_  
**AA Provider's Signature**

\_\_\_\_\_  
**Date**

**Session 11:**

\_\_\_\_\_  
**AA Provider's Signature**

\_\_\_\_\_  
**Date**

**Session 12:**

\_\_\_\_\_  
**AA Provider's Signature**

\_\_\_\_\_  
**Date**

Additional Comments or Recommendations:

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If you have any questions, please call **Office of Student Conduct** at 985/549-2213.  
Please access link for available meetings in your area:  
<http://www.aa-louisiana.org/>