

SOUTHEASTERN LOUISIANA UNIVERSITY

Office of Student Conduct

P.O. Box 10390

Hammond, LA 70402

UNIVERSITY COMMUNITY COUNSELING CENTER

NARCOTICS ANONYMOUS VERIFICATION FORM

To the student:

You are responsible for attending Narcotics Anonymous sessions. When you have completed your NA 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 Narcotics Anonymous sessions as required by the Office of Student Conduct and it will become a part of your disciplinary record. Please print out additional forms if needed.

To the NA Provider:

_____,
(Print Student's Name)

a Southeastern Louisiana University student, has attended Narcotics Anonymous.

Session I:

NA Provider's Signature

Date

Session II:

NA Provider's Signature

Date

Session III:

NA Provider's Signature

Date

Session IV:

NA Provider's Signature

Date

Session V:

NA Provider's Signature

Date

Additional Comments or Recommendations:

If you have any questions, please call **Office of Student Conduct at 985/549-2213.**