



**Risk Management Department**  
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**[Riskmgt@stocktonusd.net](mailto:Riskmgt@stocktonusd.net)**

## STUDENT INCIDENT REQUEST FORM

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### **REQUESTOR INFORMATION**

NAME: \_\_\_\_\_ DATE OF REQUEST: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ARE YOU A: Parent/Guardian: Yes ☐ No ☐ RELATION: \_\_\_\_\_

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### **SUMMARY OF REQUEST**

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URGENT REQUEST ☐

STATE REASON OF URGENCY: \_\_\_\_\_

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Parent/Guardian Signature

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Date

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Risk Manager's Authorization

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Date

<b>NOTE: PLEASE ALLOW 5-7 BUSINESS DAYS TO PROCESS YOUR REQUEST</b>
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