



The Call for Help Program

Request for Invoking the Medical Amnesty/Good Samaritan Policies Southern Methodist University

This request should be submitted to the Associate Vice President of Student Affairs / Dean of Student Life within three calendar days of the incident. The request will be reviewed within five calendar days. You will be contacted via e-mail (to your SMU e-mail address).

Student submitting the request (please print): _____

Student ID Number: _____ Phone: _____

SMU e-mail address: _____

1. Did you seek medical assistance for another person who was under the influence of alcohol and/or drugs? YES NO
2. Did someone else seek medical assistance for you because you were under the influence of alcohol and/or drugs? YES NO
3. If you sought medical assistance for another student due to your level of concern about their level of alcohol and/or drug intoxication, please describe the incident and your role in obtaining medical assistance.
4. If you sought medical assistance for yourself or someone sought medical assistance for you due to your level of alcohol and/or drug intoxication, please describe the incident.
5. Please provide any names and contact information for anyone who can support the information provided above.