



Validation of Completion

Student Information:

- **Name:** Warren Fu
- **CU Student ID Number:** 110434206
- **CU Identikey:** wafu8567
- **Email:** wafu8567@colorado.edu
- **Telephone number:** (720) 919-8850
- **Date of birth:** 10/24/2004

Please indicate which of the following classes you need:

Alcohol Impact Circle

Who needs proof that you completed this class/meeting?

University of Colorado Boulder: Student Conduct

I verify that the above information is correct and I authorize Health Promotion personnel to verify my program attendance to the referral I chose above.

Please sign below

A large, bold, black handwritten signature, likely of Warren Fu, written in a cursive style.

Date submitted by student: 8/2/2023

CU Boulder Health Promotion Staff Information:

Course completed: Alcohol Impact Circle

Referral: University of Colorado Boulder: Student Conduct

Date of Completion: 9/13/2023

Signature of Early Intervention Educator:

A handwritten signature in black ink, appearing to read "Paul L. A." with a stylized, cursive script.

Date submitted by provider: 9/13/2023