



School of
Education and Psychology

CRIMINAL-RECORD RELEASE AND DECLARATION

FIRST NAME	MIDDLE (MAIDEN NAME)	LAST
------------	----------------------	------

MAILING ADDRESS	CITY	STATE	ZIP CODE
-----------------	------	-------	----------

CRIMINAL-RECORD RELEASE AND RETENTION

I have completed an approved background check and I consent to the retention of my criminal-history record by the School of Education and Psychology.

APPLICANT SIGNATURE

PRINT NAME

DATE

DECLARATION REGARDING PUBLIC SEX-OFFENDER REGISTRY

I affirm that I am not a registered sex-offender in any state, national, or international jurisdiction.

APPLICANT SIGNATURE

PRINT NAME

DATE