

Applicant Name _____

Student Identification Number (SID) (if known) _____

Term _____

Do you have a pending criminal charge OR have you ever been adjudicated guilty or convicted of a misdemeanor, felony? Note that you are not required to answer "yes" to this question, or provide an explanation, if the criminal adjudication or conviction has been expunged, sealed, annulled, pardoned, destroyed, erased, impounded or otherwise ordered by a court to be kept confidential. (Misdemeanor traffic offenses are exempt.)

No. Sign and return this form to our office. **No.** I answered yes in error. Sign and return this form to our office.

Applicant Signature _____

Date _____

- Yes.** 1) Provide the information requested on this two-page questionnaire (you must sign in two places), and
2) Attach an explanation of the incident in question.

Personal Data:

Name Last First Middle _____

Aliases-List names, dates used, reasons (e.g., prior marriage, maiden name, etc.) _____

Date of Birth (MM/DD/YYYY): _____ Social Security Number: _____

Marital Status: Single Married - Date: _____ Divorced - Date: _____

U.S. Citizen: Yes No Alien Registration #: _____

Driver's License #: _____ State: _____

Expiration Date: _____ Suspensions: _____

List all states in which you have lived: _____, _____, _____, _____, _____, _____, _____

Current Contact Information:

Address: Street City State Zip From: (MM/YYYY) To: (MM/YYYY) _____

Telephone Number _____ Email Address _____

Criminal History:

Are you currently on parole or probation? No Yes

If yes, provide name, address and phone number of parole or probation officer.

Name Agency Address Phone _____

Are you currently a client in a community corrections program or a resident of a halfway house? No Yes

If yes, provide name of the facility, your supervisor's name, facility address and phone number.

Name of Facility Supervisor _____

Street City State Zip Phone _____

Applicant Name

SID

List all law enforcement infractions. For additional infractions, attach another sheet of paper.

- Date of incident: _____ Law enforcement agency: _____
 Offense charged: _____
 End result or judgment: _____
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 Offense charged: _____
 End result or judgment: _____
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 Offense charged: _____
 End result or judgment: _____

Detailed explanation of incident(s) and outcome:

You should also include information about what you have done since the incident, treatment you have undergone, lessons learned, etc.

&RP SOMDQG VLJQ WH WDM P HQVDQG \$ XWKRUI DMRQ IRU 5 HODVH RI ,QIRUP DMRQ EHOZ

I hereby certify that to the best of my knowledge, the information furnished above is accurate, true, and complete. - I understand that if found to be otherwise, it is sufficient cause for refusal, dismissal, or discipline. I authorize representatives of the University of Colorado Boulder to make any and all appropriate inquiries regarding the information listed in this supplement, including conducting a criminal history background check through a third party provider. -

I hereby release the University, its officers, employees, and representatives from any liability or damage that may result from furnishing the information requested or conducting the background check.

Applicant Signature

Date

Undergraduate Applicants

Graduate Applicants

Mail Completed Form To: University of Colorado Boulder
Office of Admissions
552 UCB
Boulder, CO 80309-0552

Mail Completed Form To: University of Colorado
Graduate Admissions
553 UCB
Boulder, CO 80309-0553

Faxed Information Cannot Be Accepted.