



## CRIMINAL-RECORD RELEASE AND DECLARATION

FIRST NAME	MIDDLE (MAIDEN NAME)	LAST
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MAILING ADDRESS	CITY	STATE	ZIP CODE
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*Note: Typing your name below serves as your electronic signature.*

### 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

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

DATE