

Office of Enrollment Services

Criminal Background Self-Disclosure Form

Please answer the following questions and return this self-disclosure form, along with the "Student Authorization for Criminal Background Check" form:

Have you ever been convicted of, or plead guilty or no contest to a crime, misdemeanor or other offense?

_____ Yes

_____ No

If yes, please describe the specific nature, year, location and disposition to date of the change:

I hereby release UMDNJ, its affiliated entities, employees and agents from all liability for requesting the above information and/or criminal background check reports and for acting based on such information and/or reports.

I certify that the information above is true, accurate and complete. Any omission or false or misleading information may result in actions including, but not limited to, denial or rescission or an offer of admission, disciplinary action or dismissal. I also agree to notify the School of any future convictions, guilty pleas or no contest pleas to any crime, misdemeanor or other offense; and of any future arrests, detentions, charges or investigations by any law enforcement authorities.

Name: _____
(Please Print)

Signature: _____

Date: _____