COLLEGE OF EDUCATION
PERSONAL DISCLOSURE FORM

PLEASE PRINT LEGIBLY.

BIRTH DATE (MM/DD/YYYY) | CURRENT AASU STUDENT ID | SOCIAL SECURITY NUMBER (REQUIRED)

FULL LEGAL NAME (LAST FIRST MIDDLE NAME) | FORMER/MAIDEN (*IF APPLICABLE*)

PERSONAL DISCLOSURE

IN SOME INSTANCES, EVIDENCE OF JUDICIAL DISPOSITIONS AND/OR ADJUDICATION RECORDS WILL BE REQUIRED. FOR EACH VIOLATION YOU SHOULD SUBMIT A SEPARATE DISCLOSURE FORM.

DATE OF OFFENSE (MM/DD/YYYY) | DATE OF ADJUDICATION (MM/DD/YYYY)

LOCATION OF OFFENSE (I.E. CITY, COUNTY, STATE, COUNTRY, ETC.)

DISPOSITION/OUTCOME OF VIOLATION

PLEASE INCLUDE SPECIFIC DETAILS REGARDING THE VIOLATION: TYPE (i.e. Driving Under the Influence) and NATURE (i.e. misdemeanor/felony)

DATE | SIGNATURE L.S.

THIS FORM MAY ONLY BE RETURNED TO THE COLLEGE OF EDUCATION DEAN'S OFFICE IN UNIVERSITY HALL, ROOM 250.