

**Accepted Applicant/Enrolled Resident Disclosure Form**

Please answer the following questions and return this form with the Resident Applicant Authorization for Criminal Background Check form.

Have you ever been convicted of, or pleaded guilty or no contest to a crime, misdemeanor or other offense? (All convictions, guilty or no contest pleas must be disclosed unless you have a court order [written document] expunging the incident from your records.)

\_\_\_\_\_Yes

\_\_\_\_\_No

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

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I hereby release Rowan University, 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 of 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, charges or investigations by any law enforcement authorities or professional licensing authorities by the next business day following the reportable event. If next day reporting is not feasible, I will notify the School as soon as possible, and in no event later than ten working days following the event.

Name: \_\_\_\_\_  
(Please print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_