

Self-Disclosure of Arrest(s)/Conviction(s) Form

Student Information:

Last Name	First Name	MI		
Student ID#	Birthdate	Cell/Local Phone #	VT Email Address	
Address	City	State	Zip Code	

Arrest/Conviction and/or notice of Protective Order Information:

Charge(s) or issuance of a protective order:

Incident Location	City	County	State	Date
Court/Jurisdiction				
Date of Next/Last Hearing				
Have you pled or been found guilty?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Were charges dropped?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If guilty, what charges were you convicted of?				

Describe sentence or action imposed by the court (eg: period of actual or suspended incarceration, educational program, fine, etc.)

Are you currently on Probation or Parole?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the University Conduct System taken action on this incident(s)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, provide any information you have on your student conduct record:		

Signature _____ Date _____

For Office Use Only				<small>Revised 4/14/11</small>
Reviewed by:	_____	Date	_____	
Student Conduct Action?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Entered into Database	Yes <input type="checkbox"/> No <input type="checkbox"/>
Checked Admissions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Case #:	_____
Notes:				