

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 No

Has the University Conduct System taken action on this incident(s)? Yes No

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:				