



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 (I.E. GUILTY, NOLLE PROSSED, DISMISSED, ETC.)

TYPE OF VIOLATION (I.E. DRIVING UNDER THE INFLUENCE)

NATURE OF VIOLATION (I.E. MISDEMEANOR/FELONY)

PLEASE INCLUDE SPECIFIC DETAILS REGARDING THE VIOLATION:

I, the undersigned, hereby certify the information contained above is the true, correct, and complete to the best of my knowledge and belief.

DATE

SIGNATURE

L.S.