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| Office Use Only Student ID# _____ Program _____ Follow-up letter _____ Maxient _____ |
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PLEASE TYPE OR PRINT LEGIBLY

Name _____ Social Security # _____
 (first) (middle) (last)
 Address _____ Phone _____
 (Street/Apt/PO Box) (City) (State) (Zip)

List all charges and convictions separately:

| Nature of crime/charges | Location committed | Date committed |
|-------------------------|--------------------|----------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

Currently on parole? ___ Yes ___ No If yes, until what date? _____

Currently on probation? ___ Yes ___ No If yes, until what date? _____

If answered **YES** to either question above, specify the terms of your probation/parole:

Probation/Parole Officer name and contact information:

Name _____ Phone _____
 County _____
 Mailing Address _____

By signing, I verify this information is complete and accurate to the best of my knowledge.

 Signature

 Date

Return to: Dean of Student Development, OTC, 1001 E Chestnut Expressway, Springfield, MO 65802, fax to 417-447-6619, or email the completed form to studentdevelopment@otc.edu.