



Ohio Peace Officer Training Commission Office 800-346-7682 Fax 740-845-2675

P.O. Box 309 London, OH 43140 www.OhioAttorneyGeneral.gov

## STUDENT DISCLOSURES AND STATEMENT OF UNDERSTANDING

Stu	dent Name:			
	(Last) (First		(Middle Name)	
Pre	vious Name(s) or Alias:			
Stu	dent SSN:	Student DOB:		
Sch	nool Name:	School Number:	:	
Plea	ase answer the following questions by checking either "Yes	s" or "No:"		
1.	Have you ever been convicted of a felony offense in any j that has been sealed or expunged? (If so, you may not att Basic Training Academy.)		n YES	NO
2.	Are you a fugitive from justice?		YES	NO
3.	Have you ever been convicted of a felony offense of viole	ence as defined in ORC 2901.01?	YES	NO
4.	Have you ever been adjudicated a delinquent child for the committed by an adult, would have been a felony offense		YES	NO
5.	Have you ever been convicted of any felony offense invol	lving a drug of abuse?	YES	NO
6.	Have you ever been adjudicated a delinquent child for the committed by an adult, would have been a felony offense		YES	NO
7.	Are you drug dependent, in danger of drug dependence, o	r a chronic alcoholic?	YES	NO
8.	Are you under adjudication from any court for mental inc	ompetence?	YES	NO
9.	Have you been adjudicated by a court as a mental defective	ve?	YES	NO
10.	Have you been committed by a court to a mental institution	on?	YES	NO
11.	Have you been found by a court to be a mentally ill perso court order, or have you been an involuntary patient other for purposes of observation?		YES	NO
12.	Have you ever been convicted of a crime that had a possil	ble sentence of more than one year?	YES	NO
13.	Are you an alien, illegally or unlawfully in the United Sta	tes?	YES	NO
14.	Have you been discharged from the Armed Forces under	dishonorable conditions?	YES _	NO
15.	Have you renounced your United States citizenship?		YES _	NO
16.	Are you under a court order that restrains you from harass intimate partner or the child of such intimate partner, or en would place an intimate partner in reasonable fear of bodi	ngaging in other conduct that	YES	NO

17a. Have you been convicted of a misdemeanor crime of domestic violence?	YES	NO
17b. Have you been convicted of a misdemeanor crime that has, as an element of that crime, the use or attempted use of physical force, or the threatened use of a deadly weapon? If yes, please explain your relationship with the victim (stranger, present or former spouse household member, child, other family member, other – please describe).	e, YES	NO
18. Do you currently have criminal charges pending in any jurisdiction?	YES	NO
19. Do you currently possess a valid driver's license and have driving privileges in the state of Ohio?	YES	NO
20a. Have you been awarded and do you possess a high school diploma?	YES	NO
20b. If you answered no to 20a, have you been awarded and do you possess a certificate of high school equivalency? (Explain.)	YES	NO

## I ACKNOWLEDGE AND UNDERSTAND THE FOLLOWING:

- 1. If I provide false information on this form I may be discharged from this school, and may be charged with a crime.
- 2. If a criminal or delinquency charge is filed against me while I am a student of this school, I MUST report it to the Commander immediately
- 3. If I am charged with any offense that may result in a felony conviction or in a state or federal weapons disability, I may be suspended from this school until the case is complete, and at that time, my ability to be reinstated to the school would be re-examined.
- 4. If I am convicted of a felony offense or one that results in a state or federal weapons disability, I may be ineligible to attend the school.
- 5. I hereby grant OPOTC consent to disclose to the Commander information regarding any and all of my criminal or delinquency history information that might impact my ability to participate as a student in an OPOTC-approved school.

I have carefully read this document and fully understand its contents and I sign it of my own free will and volition. I attest that the information provided on this document is true and correct and is based on my personal knowledge or inquiry. I further understand and acknowledge that submission of falsified records is a criminal violation.

ignature	Printed Name (First, Middle, & Last Name)	Date
Vitness Signature	Witness Printed Name (First, Middle, & Last Name)	Date

Effective 01/01/2016