

Controlled Substances

Security Release



208 Bricker Hall
190 North Oval Mall, Columbus, OH 43210-1016

Name	Employee or Student ID Number
------	-------------------------------

Security Questions

Within the past five (5) years, have you been convicted of a felony, or within the past two (2) years, of any misdemeanor, or are you presently charged (formally) with committing a criminal offence? Do not include any traffic violations, juvenile offences, or military convictions, except by general court-martial.

No Yes *If yes, furnish details of conviction, offence location, date, and sentence.*

In the past three (3) years, have you ever knowingly used narcotics, amphetamines, or barbiturates, other than those prescribed to you by a physician?

No Yes *If yes, furnish details.*

Signature

By signing this form I am authorizing Ohio State University to release my social security number to the Federal Drug Enforcement Administration for the purpose of conducting a criminal Background check. My signature also indicates my answers to the above questions are true and correct to the best of my knowledge.

Signature

Date