



**STUDENT DISCLOSURES AND STATEMENT OF UNDERSTANDING**

Student Name: \_\_\_\_\_  
(Last) (First) (Middle Name)

Previous Name(s) or Alias: \_\_\_\_\_

Student SSN (Last 5): \_\_\_\_\_ Student DOB: \_\_\_\_\_ School Number: \_\_\_\_\_

School Name: \_\_\_\_\_

Please answer the following questions by checking either “Yes” or “No:”

1. Have you ever been convicted of a felony offense in any jurisdiction, including any conviction that has been sealed or expunged? (If so, you may not attend any portion of a Peace Officer Basic Training Academy.) \_\_\_\_\_ YES \_\_\_\_\_ NO
2. Are you a fugitive from justice? \_\_\_\_\_ YES \_\_\_\_\_ NO
3. Have you ever been convicted of a felony offense of violence as defined in ORC 2901.01? \_\_\_\_\_ YES \_\_\_\_\_ NO
4. Have you ever been adjudicated a delinquent child for the commission of an offense that, if committed by an adult, would have been a felony offense of violence? \_\_\_\_\_ YES \_\_\_\_\_ NO
5. Have you ever been convicted of any felony offense involving a drug of abuse? \_\_\_\_\_ YES \_\_\_\_\_ NO
6. Have you ever been adjudicated a delinquent child for the commission of an offense that, if committed by an adult, would have been a felony offense involving a drug of abuse? \_\_\_\_\_ YES \_\_\_\_\_ NO
7. Are you drug dependent, in danger of drug dependence, or a chronic alcoholic? \_\_\_\_\_ YES \_\_\_\_\_ NO
8. Are you under adjudication from any court for mental incompetence? \_\_\_\_\_ YES \_\_\_\_\_ NO
9. Have you been adjudicated by a court as a mental defective? \_\_\_\_\_ YES \_\_\_\_\_ NO
10. Have you been committed by a court to a mental institution? \_\_\_\_\_ YES \_\_\_\_\_ NO
11. Have you been found by a court to be a mentally ill person subject to hospitalization by court order, or have you been an involuntary patient other than one who is a patient only for purposes of observation? \_\_\_\_\_ YES \_\_\_\_\_ NO
12. Have you ever been convicted of a crime that had a possible sentence of more than one year? \_\_\_\_\_ YES \_\_\_\_\_ NO
13. Are you an alien, illegally or unlawfully in the United States? \_\_\_\_\_ 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 harassing, stalking, or threatening an intimate partner or the child of such intimate partner, or engaging in other conduct that would place an intimate partner in reasonable fear of bodily injury to the partner or child? \_\_\_\_\_ 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). \_\_\_\_\_ YES \_\_\_\_\_ NO
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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
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**BY INITIALING BESIDE EACH STATEMENT, I ACKNOWLEDGE AND UNDERSTAND THE FOLLOWING:**

If I provide false information on this form, I may be discharged from this school, and may be charged with a crime.

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

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.

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.

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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name (First, Middle, & Last Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Witness Printed Name (First, Middle, & Last Name)

\_\_\_\_\_  
Date