

STATEMENT OF CRIMINAL RECORD

My signature verifies that: (True or False)

☐ **TRUE** ☐ **FALSE** I have not been cited, arrested, or convicted of any felony or misdemeanor in the past 12 months

☐ **TRUE** ☐ **FALSE** I will notify the West Virginia University School of Nursing within 24 hours of any citations, arrests, or convictions.

If any of the above statements are answered False, you must explain below.

Printed Name: _____ Student Signature: _____

Date: _____