

Felony History for Ozarks Technical Community College

Office Use Only
Student ID# _____
Program _____
Maxient _____

PLEASE TYPE OR PRINT LEGIBLY

Items with an * are required

*Full Name: _____ * Date of Birth: _____
(first) (middle) (last)

Other Names/Aliases Used: _____ * Social Security # _____

*Physical Address: _____
(Street/Apt) (City) (State) (Zip)

*Home Phone: _____ Mobile Phone: _____ Other: _____

Email: _____

Which location do you plan to begin your education? Springfield Richwood Valley Table Rock
Lebanon Fort Leonard Wood Republic Waynesville Online

Criminal Convictions & Pending Charges: list all convictions & pending charges separately, attach another sheet if needed.

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

Probation or Parole

Currently on Probation or Parole? Yes _____ No _____ If yes, until what date? _____
If YES to question above, specify the terms of your Probation/Parole:

Probation/Parole Officer name, contact information (if none, reply "none"):

County and state with jurisdiction: _____

Probation/Parole Officer Name: _____ Phone: _____

Office Address: _____

Applicant Verification

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

Signature

Date

Return the completed form to: Dean of Students

Mail: Dean of Students, OTC, 1001 E Chestnut Expressway, Springfield, MO 65802

Fax: 417-447-6906, or email deanofstudents@otc.edu.