

This cover page includes instructions about where and how to turn in your form. If you are submitting a form that contains personally identifiable information (i.e. name, student ID number, date of birth), we encourage you to **submit the completed form by mail or in person.**

BY MAIL TO:

One Stop Student Services
University of Minnesota Duluth
1049 University Drive
Duluth MN 55812-3011

IN PERSON ON CAMPUS TO:

One Stop Student Services
23 Solon Campus Center

If you choose to submit the completed form by email, for your security we prefer to receive this form via your **UMD email address (xxxxxxx@d.umn.edu).**

To learn more about what might be personally identifiable information, visit studentprivacy.ed.gov.

No need to print this cover page.

BACKGROUND QUESTIONNAIRE

Consent and Authorization to Access Additional Information

By your signature below, you consent to the University of Minnesota obtaining information from appropriate persons to validate or otherwise learn more about the conduct noted in the re-enrollment application in order to make appropriate education-related decisions. Specifically, you authorize the pertinent educational institutions or governmental agencies to disclose information about academic dishonesty or sexual offense charges or pending charges to the University of Minnesota for the purposes of making an informed decision regarding your application for admission to the University of Minnesota.

Note: If you have been charged with multiple offenses, make copies of this sheet and complete a questionnaire for each offense.

Complete this form in Adobe Reader software, not a Web browser, to ensure the privacy of your information. Place the cursor in a field and type. Print a copy to add the required signature(s) in blue or black ink.

RETURN FORM:

BY MAIL TO:

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University of Minnesota Duluth
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QUESTIONS?

Phone: 218-726-8000
TTY (hearing impaired):
800-627-3529
Email: umdhelp@d.umn.edu

I am seeking <input type="checkbox"/> Admission to UMD <input type="checkbox"/> Return to UMD		
Student information		
Student last name	First name	Middle name
Student ID number	U of M email @d.umn.edu	
Disclosure of Academic Dishonesty or Sexual Offense charges/pending charges		
Describe your situation(s): (Please provide any additional information on a separate sheet.)		
Incident Date (use: mm/dd/yyyy format):		
Name of Educational Institution(s) or City/State/Federal or non-U.S. Court(s) of decision:		
City	State/Region	Country
Provide information or a personal statement as to why the disclosed information should not be cause for concern when considering the safety of the university community. (Please provide any additional information on a separate sheet.)		
Closing Certification		
By your signature below, you certify that you have read, understood and agree freely to the requirements, consents, authorization and their respective consequences described on this form.		
Student signature	Date	