

**Ohio State University
Controlled Substance Program
Security Release**

Name: _____
(Please Print)

Please answer the following questions:

1. 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 present charged (formally) with committing a criminal offence? Do not include any traffic violations, juvenile offences, or military convictions, except by general court-martial.

Yes ☐

No ☐

If the answer was yes, furnish details of conviction, offence location, date, and sentence.

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

Yes ☐

No ☐

If the answer was yes, furnish details.

Employee/Student ID Number: _____

See the following websites for authorization to request this information:

- <http://orc.osu.edu/>
- <http://www.deadiversion.usdoj.gov/pubs/manuals/sec/message.htm#preface>
- <http://www.deadiversion.usdoj.gov/pubs/manuals/sec/employees.htm>

Signature: _____ **Date:** _____

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.