Returning Student Information Update Form

University ID Number (Not SSN) __________________________ Date of Birth __________________________

First Name __________________________ Last Name __________________________

Middle Name or Initial

Street Address __________________________ __________________________ __________________________

City __________________________ State __________________________ ZIP __________________________

E-mail Address __________________________ Phone __________________________

I intend to enroll: ___Fall ___Spring ___Summer Year: 20_____ Program Level: ___Undergraduate ___Graduate

Last semester/summer session attended IU: ___Fall ___Spring ___Summer Year: 20_____ 

If you have completed any college coursework since you were last enrolled at IU, please complete the following:

College:____________________________ Dates:________________________ Degree:____________________________

If you were previously registered under a name other than the one above, please list here____________________________

Criminal Activity Disclosure:

We are committed to maintaining a safe learning environment. As part of that commitment, we require applicants who have been charged with or convicted of a misdemeanor or felony, or who have engaged in behavior that resulted in mental or physical injury to person(s) or personal property (including for example, but not limited to, behavior that led to a restraining order against you), to disclose that information. A previous conviction or previous conduct of the sort identified here would not automatically preclude admission to IU but does require review. Also, if additional legal charges or injurious behaviors occur prior to matriculation at IU, you must provide updated information to the Office of Admissions, 300 N Jordan Avenue, Bloomington, IN 47405, before attending classes. The committee must review the new information prior to your matriculation at IU.

Have you ever been charged with or convicted of a misdemeanor or felony?  ____Yes  ____No

Have you engaged in behavior that resulted in mental or physical injury to person(s) or personal property?  ____Yes  ____No

If yes to either question, please attach the following documentation: a brief explanation (in English) of the conviction or problematic conduct, the dates and court disposition, the location (city, state, and country) and the impact the incident(s) had on you. Your signature here gives Indiana University permission to access pertinent criminal records. Additional information may be requested and additional time may be required to review this information.

Your signature __________________________ Date __________________________

Please return this form to: School of Public Health Records Office, SPH Room 123, Indiana University, 1025 E.7th St., Bloomington, IN 47405-7109, fax (812) 855-4983. For questions, call (812) 855-1561.