



COLLEGE OF MEDICINE
VERIFICATION RELATED TO CRIMINAL CONVICTIONS
THE UNIVERSITY OF ARIZONA

STATE OF )
COUNTY OF )

I, [Name of Student] \_\_\_\_\_, verify that, pending receipt of a fingerprint clearance card, for which I will or have applied, I have reviewed A.R.S. § 41-1758.03(B) and (C), and am not awaiting trial on or have never been convicted of or admitted in open court pursuant to a plea agreement to committing any offense listed in that statute in Arizona or a similar offense committed in another state or jurisdiction.

Signature of Student

SUBSCRIBED AND SWORN TO before me, a Notary Public, by \_\_\_\_\_ [Name of Student], who was either known to me, or provided identification satisfactory to assure me that he/she is the person whose signature appears above.

DATED this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Notary Public

My commission expires: \_\_\_\_\_

RETURN FORM TO: The University of Arizona
College of Medicine - Phoenix
Assistant Registrar Student Affairs