

DISCLOSURE OF CRIMINAL RECORD

The School Owner, School Director and Campus Director must each complete this form if they are different individuals. Duplicate as appropriate.

Name of School: _____

Name of School Owner: _____

Name of School Director _____

Name of Campus Director _____

The commissioner may deny a certificate of authorization if the person who owns or intends to operate a private occupational school has been convicted in this state, or any other state, of larceny in violation of section 53a-122 or 53a-123; identity theft in violation of section 53a-129b or 53a-129c; forgery in violation of section 53a-138 or 53a-139; or has a criminal record in this state, or any other state, that the commissioner reasonably believes renders the person unsuitable to own and operate a private occupational school. A refusal of a certificate of authorization under this subsection shall be made in accordance with the provisions of sections 46a-79 to 46a-81, inclusive.

Please note the section below must be completed and your signature notarized affirming the information is true and correct. Failure to complete this section will result in denial of your application for consideration of approval to operate a private occupational school in Connecticut.

- 1) Have you ever been convicted of larceny ? ____yes ____no
If you answered yes, please explain in detail below:

- 2) Have you ever been convicted of identity theft ? ____yes ____no
If you answered yes, please explain in detail below:

3) Have you ever been convicted of a forgery ? ____yes ____no
If you answered yes, please explain in detail below.

4) Do you have a criminal record in Connecticut or any other state ? ____yes ____no
If you answered yes, please explain below:

AFFIDAVIT:

I, _____, do swear or affirm that the statements made are complete and correct to the best of my knowledge and belief.

Signature: _____ Title: _____

Print name: _____

Attested:

Sworn/affirmed and subscribed before me this _____ day of _____, 20__

Notary Public: _____ ID# _____

Date of commission expiration: _____