YOU MUST PRINT THIS FORM-IT CANNOT BE SUBMITTED ELECTRONICALLY

Niagara County Community College 3111 Saunders Settlement Road Sanborn NY 14132-9460

REQUEST FOR ON CAMPUS STUDY

PART A: Applicant's Information:

Name of	f Applicant:			
Last		First		Middle Initial
Address:				
	Number and Street, Apt #	City	State	Zip Code
Previous	Address(s)-How many years did yo	ou live there?		
Home Phone:		Alternate Phone:		
Date of Birth:		Social Security:		
Applicar	nts who have been previously co	nvicted of a felony:		
List of Fe	elony Convictions:			
	y information relative to your felony Jse additional sheets if necessary)	conviction that you thi	nk NCCC should be aw	are of:
	ormation relative to your conduct (b d like NCCC to be aware of: (Use			ng dismissal) that

For students in parole or probation status, **references must be provided** from the Dept. of Correctional Services Division of Parole or the Office of Probation and Correctional Alternatives, including the name and addresses of parole or probation officers:

By submitting this form, I hereby authorize the release of any and all information contained in my criminal records

Part C: To be Completed by NCCC Officials:

Recommended for On Campus Study:

Yes _____ No ____

Explanatio <u>5</u> >>BD/P152(io)1.15sP152(io)1.15on Td ()Tj EMC /P2070.007 Tw 3.261 OE(p)]Tdy</MCID 9 >_____

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