

# The University of Montana Western

## Information Regarding Violent and Sexual Registry Check

Because The University of Montana Western is committed to a safe and secure environment for everyone on campus, this form serves to notify you that all volunteers and temporary employees are required to be screened on an annual basis through the public National and the public County Violent and Sexual Offenders Registries.

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I certify that all of the information set forth on this form is true and complete to the best of my knowledge. I understand that during my volunteer term should any statements or answers be found to be false or information omitted, I may not be able to continue volunteering.

I further acknowledge that the facsimile (FAX) or photocopy of the document shall be valid and accepted with the same authority as the original. If retained by Montana Western, this form will remain in effect for one year.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

SSN: \_\_\_\_\_ Printed Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Department: \_\_\_\_\_

Note: The above information will be used for identification purposes only to perform the required screening.

List any other **Last Names** that you have used during the previous 7 years. \_\_\_\_\_