



FELONY DISCLOSURE FORM

APPLICANT INFORMATION

Date _____

Last Name _____ First Name _____ Middle Initial _____ Alias _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Date of Birth _____ License No. (if applicable) _____

Email Address _____ Program Applying for _____

Have you applied before? ☐ Yes ☐ No If so, what year(s)? _____

FELONY CONVICTIONS INFORMATION (Attach additional sheets if you need to list more felony convictions)

Court Name	State & County	Case #	Date	Offense/Convictions
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CASE STATUS

Are you currently on probation, parole, or post-release supervision? ☐ Yes ☐ No ☐ N/A

Did you complete probation, parole, or post-release supervision? ☐ Yes ☐ No ☐ N/A

Do you currently have a protective order against you? ☐ Yes ☐ No ☐ N/A

Have you had a protective order filed against you in the last three years? ☐ Yes ☐ No ☐ N/A

Have you completed all court ordered treatment? ☐ Yes ☐ No ☐ N/A

Are you a registered sex offender? ☐ Yes ☐ No ☐ N/A

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4.10.23

» Full-time Careers » Part-time Classes » Workforce Training



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The following person(s) has been designated to handle inquiries regarding non-discrimination policies: Title IX Coordinator, Pam Winterscheidt, pam.winterscheidt@tulsatech.edu, and 504 Coordinator,
Michelle Metcalf, michelle.metcalf@tulsatech.edu, 3638 S. Memorial Dr, Tulsa OK, 74145, 918-828-5000.

EXPLANATION OF CRIME

1) Please explain the nature of each offense and any details that might be helpful to Tulsa Tech’s felony review committee. Full disclosure of all convictions is required.

2) Do you take full responsibility for the crime or were there circumstances that were beyond your control that caused you to be charged with the crime?

3) How will this program help you reach any personal, educational, and/or career goals?

REHABILITATION

Explain what you have done to rehabilitate yourself since you were convicted.

List any treatment and therapy in which you participated.

List employment or volunteer opportunities.

CERTIFICATION

Attaching letters of recommendation, certifications, and degrees is highly encouraged.

I declare that the information contained herein is true and correct. I understand providing false information may constitute grounds for denial of my application.

Signature _____ Date Signed _____