

# Controlled Substances

## Security Release Form

Office of Research Integrity  
University Hall Suite 540  
51 Goodman Street, Cincinnati, OH  
45221-0663



Full Name	M#:
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- 1) Within the past five (5) years, have you been convicted of a felony, or within the past two (2) years, of any misdemeanor, or are you presently charged (formally) with committing a criminal offence? *Do not include any traffic violations, juvenile offences, or military convictions (except by general court martial).*

Yes       No

If **YES**: provide details of conviction, offense location, date, and sentence.

- 2) In the past three (3) years, have you ever knowingly used any narcotics, amphetamines, or barbiturates, other than those prescribed to you by a physician?

Yes       No

If **YES**: provide details.

**I hereby certify that the above information I provided on and in connection with this form is true and correct to the best of my knowledge. I understand that I must submit an updated form within 30 days of a new conviction.**

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Signature

Date