



South Georgia
State College

Department of Public Safety

NAME: _____

LAST

FIRST

MIDDLE

GENDER: M F

RACE: _____

DATE OF BIRTH (MM/DD/YYYY): _____

SOCIAL SECURITY #: _____

HAIR: _____ EYES: _____ HEIGHT: _____ WEIGHT: _____

Please list each state, including Georgia, which you have lived in the last five years:

Residential Status:

_____ Applying to live on Campus _____ Living Off Campus

I _____ hereby authorize the South Georgia State College Department of Public Safety to obtain and disseminate my Criminal History to the Admissions Department and/or Department of Residence Life of South Georgia State College.

Signature

Date