

# Controlled Substance Program Security Release

Name: \_\_\_\_\_  
(Print or Type)

**Please answer the following questions:**

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 the answer was yes, furnish 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 the answer was yes, furnish details.

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