Background Investigator Request Form

Marymount University
Office of Student Affairs
2807 North Glebe Road
Arlington, VA 22207
(703) 284-1615

Investigator Information

Investigator Name: __________________________
Date of Request: ____/____/____
Signature: _________________________________
Department: __________________________________
Badge/ID#: (required) _______________________
Phone: _________________________________

Information Requested

Student Name: _______________________________________________________
Disciplinary History: ________ On-Campus Residence History: _________
Other (please specify): ___________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Attach signed release form.

------------------------------------------------------------------------------------------------- Student Affairs Office Use Only  -------------------------------------------------------------------------------------------------------

ID Verified and Release Received By: ___________________________________________
Completed by: __________________________ Completion Date: ____/____/_____ 
Completed via: _____ In Person _____ Phone _____ Voice Mail _____ Fax _____ Email