

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