

**University of Massachusetts Chan Medical School's
National Criminal Background Check
Dissemination Form**

I _____, born on _____,
Print Name mm/dd/yyyy
acknowledge that I received a copy of my National Criminal Background Check
prepared by Creative Services Inc. on _____ at ____:____ .
Time (e.g., 03:00)

I understand that this National Criminal Background Check was generated on
_____ at ____:____ in response to my request submitted
date Time (e.g., 03:00)
to the University of Massachusetts Chan Medical School's Office of Student Affairs.

Signature of Student

Date