

FAS Minors Policy Background Screening Questionnaire



TO BE COMPLETED BY RESPONSIBLE ADULT

Please provide the following information:

- Name of Responsible Adult: _____
- Email address (PRINT CLEARLY): _____

Has Massachusetts been your primary residency for the last 12 months?

- Yes
- No

If no, please indicate state of primary residence for the last 12 months. _____

TO BE COMPLETED BY PROGRAM ADMINISTRATOR

To be completed by Program Administrator

- Will this individual be driving minors?
 - Yes
 - No
- Please provide the full name of your program: _____
- Please provide your contact information: _____

Program Administrators, please return this completed questionnaire along the completed Disclosure and Consent form, using a secure method only (Scanned and emailed via Accellion OR hand deliver in person) to:

Recruitment@fas.harvard.edu OR FAS Recruitment Services, 1414 Mass. Ave., 5th floor.

If sending via Accellion, please include in the subject line: Background Screening Request – minors policy

