## **Criminal History/Disciplinary Action Form**

Name:	Date:
CSU ID Number:	Email:
According to the information you provided of the following:	d on your application for admission, you indicated one
	inal offense or pending criminal charges; Or, lled from a secondary or post-secondary educational
documentation may be requested as need	
Please return this form to:	
Office of Admissions Columbus State University 4225 University Avenue	

Columbus, GA 31907