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## Acknowledgement of Prior Postsecondary Involvement

Under 8VAC 40-31-180(B)(10) of the *Virginia Administrative Code*, disclosure of previous involvement in the operation of a postsecondary school by the President, CEO, administrator, owner, controlling shareholder, or member of the school's governing board is required.

This form is completed by each President, CEO, administrator, owner, controlling shareholder, or member of the school's governing board and signed before a notary public.

	1			
Name:	Current position:			
If you have had no previous involvement in the operation of a postsecondary school, check this box and skip to the disclaimer and signature portion of the form on page 2.				
Name(s) of the previous postsecondary school				
Address of the postsecondary School(s)				
Dates of the Involvement				
Positions held within the postsecondary school(s)				
Status of the postsecondary school(s) (open/closed)				
Status of the postsecondary school(s) (accredited/ non-accredited)				
Postsecondary school(s) Accrediting Agency				
Were there any known violations of federal or state financial aid rules by any school?	Explanation:			
Were there any known violations of the policies of the accrediting agency of any school?	Explanation:			
Were there any bankruptcy filings by any school?	Explanation:			
Was there any conviction or civil penalty levied by any legal entity in connection with this or any other educational entity in which you were employed or invested?	Explanation:			

Please indicate if an addendum is needed to document additional prior postsecondary school involvement of the president, CEO, administrator, owner, controlling shareholder, or member of the school's governing board.  $\Box$  YES  $\Box$  NO

The Addendum consists of \_\_\_\_\_ pages.

## **Disclaimer and Signature**

(**NOTE**: You must sign and acknowledge this form below before a Notary Public and the Notary must complete the acknowledgement portion below even if you have had no previous involvement in the operation of a postsecondary school.)

I hereby certify that the foregoing statements are true and complete to the best of my knowledge.

Signature:	Date:				
Commonwea	Ith/State of:				
City/County o	ıf:				
The foregoing	g disclosure for	m was acknowledged before me this:		day	20
By:					
	(Prin	nted Name of Filer)			
My Commissi	ion expires:				
		Date	Notary Public		

SCHEV Use Only:	
Date Received:	Date Processed:
Processed By:	
Comments:	