#  Ex_Uni_Logo_Word_Forms

Office use only – verified against:

Passport

Driving licence photocard

Student ID card

Connexions card

Other

Date

Attach recent

passport-size photograph

 here

# Disclosure & Barring Service

## Photograph Identification Form – visual verification

In line with procedures from the Disclosure & Barring Service (DBS formerly Criminal Records Bureau), all applicants/students must now provide photographic evidence and undergo visual verification to support their DBS application.

The attached photograph will be used as part of the visual identity process, signed and dated below by the interviewer/member of Exeter University staff or professional who knows you. This form containing a recent photograph will be held in admissions and further checked against official documentation, i.e. passport, driving licence photocard, when you complete the DBS application form.

**It is very important that you complete your personal details in full.**

**Name…………………………………………………….………………………………….**

**Exeter Reference or GTTR or UCAS Number……………………………….**

### Date of Birth……………………………………………………………………………..

**Course Title………………………………………………………………………………**

**Instructions -** Please obtain one colour photograph of head and shoulders only, ensuring that a light background is used, and secure in the space provided above.

Please complete this form and return it to the address below as soon as possible.

Telephone: +44 (0)1392 723031

Email: admissionsDBS@exeter.ac.uk

Address: Admissions Office

University of Exeter

The Innovation Centre

 Rennes Drive
 Exeter

Devon

 EX4 4RN

It is important that this form is signed to verify your identity to complete the DBS application process. If this form has not already been signed/dated by an Exeter University member of staff: you can either come to Admissions, 8th floor, Laver Building or alternatively ask a professional who knows you, ie doctor, dentist, teacher, to sign/date the form and provide full details on the back, ie address, telephone number, occupation.

###### Signature: ………………………………..………..…………Date: …………

PTO – if a professional who knows you is signing this form please provide their details on the back, i.e. full name, address, telephone number, occupation

THANK YOU