

# BACKGROUND CHECK AUTHORIZATION FORM

**If this information is being requested for a volunteer, list the building asking for the information. Background check forms must be submitted two weeks prior to trip or event.**

<b>Building:</b>	<b>Date of Event:</b>
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**NAME** \_\_\_\_\_

**LAST** **FIRST** **MIDDLE**

**Date of Birth** \_\_\_\_\_ **Gender** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ / \_\_\_\_\_  
Home Cell

Driver's License Number \_\_\_\_\_

**You must attach a photo copy of your Driver's License or State ID Card.**

I understand that the above information is required by the Central Records division of the Michigan State Police, Lansing, Michigan. I authorize Warren Consolidated Schools to utilize the above information for the sole purpose of obtaining a conviction only criminal history file search.

SIGNATURE OF APPLICANT

DATE \_\_\_\_\_