

WARREN CONSOLIDATED SCHOOLS  
HUMAN RESOURCES DEPARTMENT

BACKGROUND CHECK AUTHORIZATION FORM

It is the policy of Warren Consolidated Schools to secure criminal conviction history information as mandated by Michigan state law for public school employees and volunteers.

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.

Building: _____	Date of Event: _____
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Have you filled out a background check form for any other schools in our district this school year? \_\_\_\_\_ If so, what school? \_\_\_\_\_

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

Maiden Name/Names previously used \_\_\_\_\_

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