

REETHS-PUFFER SCHOOLS

Criminal History Check Authorization and Release

I understand the information provided will be used to conduct a name check of the Michigan State Police Central Records Division Criminal Record File. I hereby authorize the release of all conviction information that pertains to me.

Signature

Date

Name:

Please Print

Former Name(s)

(Maiden, Married, etc)

Date of Birth: _____

Race: _____

Sex: _____

Have you ever been convicted of a felony? _____

In which building will you be volunteering? _____

Activity: _____

Student Name _____

Copy: Human Resources

Updated: 4-9-08