

Authorization for Release of Information: Background Check

I authorize Calvin College to retrieve information from all personnel, educational institutions, government agencies, companies, corporations, law enforcement agencies at the federal, state or county level, relating to my past activities; and I authorize these entities to supply any and all information concerning my background. The information received may include, but is not limited to, academic, residential, achievement, job performance, attendance, litigation, personal history, driving records, and criminal history records. I understand some or all of this information may be transmitted electronically and authorize such a transaction.

I, the undersigned, authorize Calvin College to conduct a motor vehicle report or criminal history file check or investigation by name and identifiers to determine the existence of any arrest resulting in conviction and furnish a response to the College. Information collected in connection with the background check will be treated confidentially to the extent permitted by the Michigan Freedom of Information Act.

Signature: _____ Date: _____

Email Address: _____ Phone #: _____

Affiliated Company: _____

Last Name	First Name	Middle Name
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Street Address	City, State, Zip
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_____ Male Female

Date of Birth _____

Have you ever been convicted of a felony? Yes No

Are you listed on the sex offender registry? Yes No

***Upon completion of this form, Calvin College Campus Safety will conduct a criminal history check via the State of Michigan's ICHAT system, as well as a check through the Michigan PSOR and national NSOPW.*