

Authorization for Release of Information: Background Check

I authorize Calvin University 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 University 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 University. Information collected in connection with the background check will be treated confidentially to the extent permitted by the Michigan Freedom of Information Act.

Phone #: _____ Email Address: _____

Affiliated Company _____ On Campus Contact _____

Last Name _____ First Name _____ Middle Name _____

Date of Birth _____ Male____ Female____ Race _____

Street Address _____

City, State, Zip _____

Have you ever been convicted of a felony? Yes No

Are you listed on the sex offender registry? Yes No

Signature: _____ Date: _____

**Upon completion of this form, the Calvin University Campus Safety Department will conduct a criminal history check via the State of Michigan's ICHAT system, as well as a check through the Michigan Public Sex Offender Registry and the National Sex Offender Public Website.

For office use only

Check performed by: _____ On: _____

Clean record Approved, misdemeanors Approved, felonies Requires Escort Not Approved