AUTHORIZATION FOR A CRIMINAL RECORDS CHECK

UNIVERSITY OF MICHIGAN

Last Name:	First Name:	Middle Name:

UMID:	Department:

AUTHORIZATION FOR A CRIMINAL RECORDS CHECK - For External Applicants Only

I, the undersigned, authorize the University of Michigan through the department of State Police, Central Records Division, the University of Michigan Department of Public Safety and Security or any other agency, to conduct a 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 of Michigan.

Fill out completely. Type or print clearly using black ink.

Race:	Gender: ☐ Male ☐ Female

Month of Birth:	Day of Birth:	Year of Birth:

Employee Signature:	Date: