

Morrice Area Schools

Mr. Robert Pouch
Superintendent
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CRIMINAL HISTORY FILE SEARCH AUTHORIZATION

I hereby authorize Morrice Area Schools to conduct a criminal history file check through the Michigan State Police. I understand that said file check is mandatory and is to be used for volunteer record information only. Accordingly, I have agreed to provide the following personally identifiable information.

Your Name: _____ (required)
 First Middle Initial Last

Student's Name: _____

1. Date Of Birth: _____ (required)
2. Sex: M ___ F ___ (required)
3. Driver's License Number and Issuing State: _____
4. Race: _____
5. Maiden Name (if applicable): _____ (required)
6. Previous Married Name(s): _____

Other Aliases: _____

Signature _____ Date _____

This portion to be completed by Morrice Area Schools
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Approved Yes No

Signature _____ Date _____