BYRON CENTER PUBLIC SCHOOLS

AUTHORIZATION FORM FOR ICHAT CRIMINAL BACKGROUND CHECK

I hereby give my permission for Byron Center Public Schools to obtain an on-line criminal investigation through the Michigan State Police ICHAT website.

_____ ***ONE APPLICANT PER FORM***

Signature of applicant only

PLEASE COMPLETE THE ENTIRE FORM AND PRINT CLEARLY
OR THE FORM WILL BE DENIED!

_____

LAST NAME FULL LEGAL FIRST NAME MIDDLE

RACE: (Circle One) White African American Asian or Pacific Islander

American Indian or Alaskan Native Other

SEX: Male or Female **DATE OF BIRTH**: _____

PHONE-HOME/WORK: _____

If applicable, list your associated student(s) name and building they attend:

Student Name	Building they attend	Relationship to student

POSITION(S) TO BE HELD (Circle One) ***If nothing is circled, the form will be denied***

Classroom Volunteer (Will be working one on one or with small group of students)

Field Trip Volunteer (Will be in charge of group of students)

Volunteer Sports Coach - Sport: _____

New Employee – Position and Building: _____

Other: _____

Start Date/Event Date: