

## **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: