

AUTHORIZATION FOR A CRIMINAL RECORDS CHECK For ICHAT Use Only



UMID:		Department:	
First Name:	Middle Name:	Last Name:	
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.			
Month of Birth:	Day of Birth:	Year of Birth:	
Race:	Gender: Male Female		
Job or Program applied for:			
Notes:			
Signature:		Date:	