

CHIPPEWA VALLEY SCHOOLS

Criminal Record Check Authorization Form

Please note: Chippewa Valley School District will not process this record check with the State Record Division until an employment offer is made.

I, _____, hereby authorize the Chippewa Valley Schools to request the Michigan

Please Print Clearly

State Central Record Division to release any information regarding Criminal records I may have to the Chippewa Valley Schools (ICHAT). I acknowledge that if I am employed in a position requiring a Criminal Record Check through the Federal Bureau of Investigation (FBI) and Michigan State Police as defined in MCL 380.1230(a); then, in that event, my employment shall be conditional until results disclose, if any, criminal convictions that shall permit Chippewa Valley School District in its discretion to void and rescind such conditional employment.

Signature

Date

Gender (m/f)

Race

Date of Birth