CENTER FOR SERVICE-LEARNING AND CIVIC ENGAGEMENT

MICHIGAN STATE UNIVERSITY
Background Check Form

You may not begin your school placement until a criminal background check has been completed. Please print, complete, and return this form to your program secretary.

If you have an issue that you think may preclude your participation in school placements, please contact Dr. Susan Dalebout in the College of Education Student Affairs Office **(353-9680 or coesoa@msu.edu).**

Please Print Clearly

NAME: _____
First Name Middle Name Last Name

ADDRESS (as it appears on your Drivers License):
_____

CITY: _____ STATE: _____ ZIP: _____

LOCAL TELEPHONE: _____

EMAIL: _____

DATE OF BIRTH: _____ GENDER: _____

Where will you be doing your service? _____

Is the service in conjunction with an MSU course? Circle: **Y** **N**

If yes: Course Name: _____Section Number:_____

I understand that a **Criminal Background Check** will be conducted as a part of a pre-placement screening. I authorize the *Center for Service-Learning & Civic Engagement* to process the above information using the Michigan State Police ICHAT System. **All information is strictly confidential; however, in the event that the ICHAT search reveals a criminal history that makes it necessary for me to be removed from my school placement, I authorize the College of Education to share this information on a "need to know" basis.** I release the Center for Service-Learning & Civic Engagement from all liability in connection with this criminal background check. The background check will be shredded after the process is completed.

_____
Signature **Date**

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