

~~PLEASE ATTACH A COPY OF YOUR DRIVER LICENSE TO THIS FORM.~~

Signature of Employee/Volunteer _____

Date _____

I AUTHORIZE SAULT STE. MARIE AREA PUBLIC SCHOOLS TO UTILIZE THE ABOVE INFORMATION FOR THE SOLE PURPOSE OF OBTAINING A CONVICTION ONLY CRIMINAL HISTORY FILE SEARCH.

I UNDERSTAND THAT THE ABOVE INFORMATION IS REQUIRED BY THE CENTRAL RECORDS DIVISION OF THE MICHIGAN STATE POLICE, LANSING, MICHIGAN.

BIRTHDATE: _____ RACE: _____ SEX: _____
Maiden name/names previously used: _____

NAME: _____
LAST FIRST MIDDLE

As a prospective employee/volunteer of SAULT AREA PUBLIC SCHOOLS, I understand that it is this agency's policy to secure conviction criminal history information as part of their pre-employment screening process using the information provided below.

CONSENT FORM

School/Activity: _____

SAULT STE. MARIE
AREA PUBLIC SCHOOLS
876 MARQUETTE AVENUE / SAULT STE. MARIE, MI 49783
PHONE (906) 635-6609 • FAX (906) 635-6642

