



University of Michigan  
Health System  
Volunteer Services

**UNIVERSITY OF MICHIGAN  
AUTHORIZATION FOR A  
CRIMINAL RECORDS CHECK**

**PLEASE PRINT CLEARLY**

Last Name	First	Middle
Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth	
US Social Security Number	UM ID (if known)	
Driver License or State ID Number	State	
Check here if you do not have a Driver License or State ID card <input type="checkbox"/>		

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 agency, to conduct a criminal history 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.

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Signature

Date

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Signature (Parent or Legal Guardian, if a minor)

Date