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Criminal Background Check Consent Form

As a present or prospective part time staff or volunteer of the City of Marshall Recreation Department, I understand it is the City's policy to secure criminal history information as part of their screening process using the information provided below. I, the undersigned, authorize the City of Marshall Human Resources Department to conduct a criminal background check through the Michigan State Police Central Records Division. Under the Freedom of Information Act a local report will be run by the City of Marshall Police Department's Record Unit.

I agree to indemnify and hold harmless the person to whom this request is presented and his/her agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorneys fees, arising out of or by reason of complying with this request.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature. This authorization shall continue in effect until revoked by me in writing.

Please complete the information below

FULL NAME (PRINTED): _____
Last First Middle

MAIDEN NAME or PREVIOUSLY USED NAME:(PRINTED): _____

STREET ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

DATE OF BIRTH: _____ / _____ / _____

CHECK ONE: MALE _____ FEMALE _____

This document must be signed in the presence of a witness

Signature: _____ Date _____

Parent's Signature _____ Date _____
(if under 18 years of age)

Signature of Witness: _____ Date _____

OFFICE USE: State _____ Local _____