



**University of Michigan  
Authorization for  
CRIMINAL RECORDS CHECK**

For office use only:

- VS     PA
- Gift Shop
- PFCC
- MOW
- TSRC     RMH
- Work w/Minor

**PLEASE PRINT CLEARLY**

Last Name		First		Middle	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other			Date of Birth (mm/dd/yyyy)		
Driver License or State ID Number			State		
Visa Type (please circle): F-1   F-2   J-1   J-2   H-1B   H-4   Other: _____			UM ID (if known)		
Check if you do <u>not</u> have a Driver License or State ID card <input type="checkbox"/>		Race (please check one) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Unknown/Other			

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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Parent or Legal Guardian, if applicant is under 18 years)

\_\_\_\_\_  
Date

