

ICHAT: State of Michigan
Authorization for Criminal Records Check

I give permission to release any information, which pertains to any records of convictions contained in any criminal file maintained on me whether local, state or national. I hereby release any Police Department from any and all liability from such disclosure.

Signature _____ Date _____

Print Last Name _____

Print First Name _____

Print Middle Name _____

Sex: _____ Male _____ Female

Race _____

Date of birth _____

Place of birth _____

Record check shall be sent to:

Deb Harlukowicz
Gaylord Evangelical Free Church
PO Box 493
Gaylord, MI 49734

Office Use: Date of background check: _____ Cleared: _____ Yes _____ No Check done by: _____
