

**UNIVERSITY OF MICHIGAN
DEPARTMENT OF PUBLIC SAFETY AND SECURITY**

BACKGROUND CHECK

I, THE UNDERSIGNED, AUTHORIZE THE UNIVERSITY OF MICHIGAN, THROUGH THE DEPARTMENT OF STATE POLICE, CENTRAL RECORDS DIVISION OR ANY OTHER AGENCY TO CONDUCT A CRIMINAL HISTORY FILE AND MOTOR VEHICLE RECORD CHECK BY NAME AND IDENTIFIERS TO DETERMINE THE EXISTENCE OF ANY ARREST RESULTING IN A CONVICTION AND FURNISH A RESPONSE TO THE UNIVERSITY OF MICHIGAN.

Signature of Applicant

**A MANAGEMENT STAFF MEMBER FROM THE HIRING DEPARTMENT MUST COMPLETE
THE FOLLOWING SECTION**
(Please Print or Type)

Last Name: _____ First Name: _____ MI _____

Date of Birth: _____ Race: _____ Sex: _____

Social Security Number: _____

Driver's License Number: _____ State: _____

Name of Summer Program: _____

Program Session Dates: _____

Hiring Department: _____

Campus Address: _____ Campus Zip _____

Supervisor's Name: _____ Supervisor's Signature: _____

Campus Address: _____ Campus Zip _____

Telephone Number: _____ Fax Number: _____

Date Submitted: _____

PLEASE RETAIN THE PINK COPY. MAIL WHITE AND YELLOW COPIES TO:
Department of Public Safety and Security
Attention: Jesse Johnson
1239 Kipke Drive, 2036