



Albion College

Student Employee/Volunteer ICHAT Background Check Authorization Form

You are being considered for a position that requires a background check or are interested in volunteering for an Albion College activity that involves minors. Please complete this form and return to your supervisor or activity coordinator prior to beginning your employment or volunteer activity involving minors.

NAME: (as it appears on your driver's license or student ID – please print)

Last First MI

MAIDEN NAME/NAMES PREVIOUSLY USED:

Last First MI

BIRTH DATE: _____ **RACE:** _____ **SEX:** _____

ADDRESS: _____ **PHONE:** _____

Street Address City ST Zip Code

POSITION DETAILS:

Employee Position/Activity Title: _____
 Volunteer Hiring/Coordinating Department: _____
 Supervisor/Event Coordinator: _____

I understand that the above information is required by the central records division of the Michigan State Police, Lansing, Michigan. I authorize Albion College to utilize the above information for the sole purpose of obtaining a conviction only criminal history file search. Albion College will also be checking the sexual offender registry website. I understand that it is necessary to have a background check done before I work in this position or volunteer in a position or activity involving minors for Albion College. I understand that the results may prevent me from being able to be employed in this position or volunteer for this activity. I further understand that in certain circumstances the results may also be shared with the Director of Campus Safety. All results expire after one year.

Signature Date

----- **HR OFFICE USE ONLY** -----

Date Check Completed: _____ Results Clear Results Need Review
Email Address: _____ Results Posted to Database Results Reported to Dept./xls
 Emailed Training Link Training Completed