**Kyle Hamlin, MAISD Superintendent**

**Montcalm Area ISD**

**621 New Street, PO Box 367**

**Stanton, MI 48888**

**Phone: 989-831-5261 Fax: 989-831-8727**

Michigan Department of State Police Michigan Department of State

Central Records Division Direct Record Access

Freedom of Information Unit Bureau of Driver & Vehicle Records

7150 Harris Drive 7064 Crowner Drive

Lansing, MI 48913 Lansing, MI 48918

As a prospective volunteer of Montcalm Area Intermediate School District, I understand that it is this district’s policy to secure conviction criminal history as part of their screening process using the information provided below:

***Please PRINT legibly:***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

Legal First Name M.I. Last Name

**Maiden Name/Names Previously Used\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Birthdate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Race: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_\_\_\_\_**

***I understand that the above information is required by the Central Records Division of the Michigan State Police, Lansing, MI. I authorize Montcalm Area ISD to utilize the above information for the sole purpose of obtaining a conviction only criminal history file search.***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Signature of Prospective Volunteer Date***

***To be completed by Supervisor/Staff requesting ICHAT***

**\_\_\_\_\_\_ ICHAT**

**\_\_\_\_\_\_ Driver’s License (MUST be attached)**

**\_\_\_\_\_\_ Signature of Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Superintendent OFFICE USE ONLY: \*SUBMIT this request to your SUPERVISOR for approval. Supervisor, please submit to Leanne Bush, Montcalm Area ISD Central Office, once approved.***