Authorization to Check Criminal History and Driving Record

I, the undersigned:

1. Authorize the Department of **State Police**, Central Record Division, to conduct a criminal history file check by name and identifiers to determine the existence of any arrest resulting in conviction and furnish a response to Big Brothers Big Sisters of Livingston County.
2. Authorize the Livingston County Big Brothers Big Sisters agency to contact local **law enforcement agencies** to determine the existence of any present or past history of criminal activity on my part. The local police departments have my permission to furnish a response to Big Brothers Big Sisters of Livingston County.
3. Authorize the **Michigan Department of Motor Vehicles** to conduct an investigation of my Driver's License record by name and identifiers and furnish a response to Big Brothers Big Sisters of Livingston County.

(Please Print)

NAME:_____
FIRST MIDDLE LAST

ALIAS NAME(S) USED:_____
(INCLUDE PREVIOUS MAIDEN AND/OR MARRIED NAME(S))

DATE OF BIRTH:_____

RACE:_____ SEX:_____

DRIVER'S LICENSE NUMBER:_____

CURRENT ADDRESS: _____
STREET CITY STATE

TIME AT CURRENT ADDRESS: _____YEARS _____ MONTHS

PREVIOUS ADDRESS:_____
STREET CITY STATE

TIME AT PREVIOUS ADDRESS: _____ YEARS _____ MONTHS

SIGNED: _____ DATE: _____