



## CRIMINAL HISTORY FILE SEARCH AUTHORIZATION

I hereby authorize the Howell Public Schools, through its Deputy Superintendent for Labor Relations and Personnel, Lynn D. Parrish, to conduct a criminal history file check through the Michigan State Police.

I understand that said file check is voluntary, and is to be used for school district volunteer record information only. Accordingly, I have agreed to provide the following personally identifiable information:

1. Name: \_\_\_\_\_
2. Date of Birth: \_\_\_\_\_
3. Race: \_\_\_\_\_
4. Sex: \_\_\_\_\_
5. Driver's License Number and Issuing State: \_\_\_\_\_
6. Alias names used including previous married names or maiden names:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
School

\_\_\_\_\_  
Teacher

**Board of Education**

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Challenger Elementary • Hutchings Elementary • Latson Elementary • Northwest Elementary • Southeast Elementary  
Southwest Elementary • Voyager Elementary • Highlander Way Middle School • Three Fires Middle School • Howell High School