

## Special Programs Criminal Background Check (CBC) Authorization Form

## Section 1. Program & MSU Unit Information (Please Type or Print Legibly)

Course Name/Program	Instructor/Program Coordinator	Start Date	Experience Type

## Section 2. Program Volunteer/Worker Information (Please Type or Print Legibly)

Last Name/Surname	First Name/Given Nam	ne	Middle Name	Middle Name				
List any aliases and/or other legal	names							
Date of Birth (mm/dd/yyyy)	Date of Birth (mm/dd/yyyy)			Male Female				
Local Address (Street:	City		State	Zip				
Cell/Local Phone Number (with A	rea Code)	Email Address						
			@msu.edu					
This section does not apply to MS	U Employees:							
EMERGENCY CONTACT NAM	ERGENCY CONTACT NAME: PHONE NUMBER:							
	CRIMINAL HISTORY							
Have you ever been convicted of a misdemeanor or felony crime? Yes No Are there felony charges pending against you at this time? Yes No								
If you answer "yes" to either of these questions, please describe the nature of the crime(s) or charge(s), the date and place of the offense, and the legal disposition of the case.								
NOTE: The university conducts a criminal background check on MSU sponsored youth and special Service Learning program volunteers or workers. A "yes" response will not automatically disqualify an individual from consideration.								
understand that I will not be allowed to begin volunteer or work at this program until a criminal background check has een completed.								
I authorize Michigan State Univer my eligibility status to the program co	•	o conduct a crimi	nal background chec	ek on me and disclose				

Applicant's or Legal Guardian's	Date:							
MSU IS AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER								
MSU	J HR OFFICE USE ON	LY HR Staff	_					
Date Form Received:	Date CBC Completed:	Date Coordinator in	formed:					
ICHAT Record: Yes No	OTIS Record: Yes No	NSOPW Record: Yes No	Eligible: 🗌 Yes 🗌 No					
Last Revised by HR 10/28/2015								