

City of Royal Oak, MI

**CONSENT FORM FOR RELEASE OF
CRIMINAL HISTORY CONVICTION INFORMATION & DRIVING RECORD**

POSITION
CLOSING DATE

As a prospective employee or volunteer of the City of Royal Oak, I understand that it is this entity's agency's policy to secure conviction criminal history information as part of their pre-employment screening process using the information provided below. I further understand that the personal data that I am providing will be used for no other purpose and will not become a part of my employment file or volunteer file.

>>>>> PLEASE PRINT <<<<<

NAME:

FIRST NAME

MIDDLE NAME (NOT JUST INITIAL)

LAST NAME

MAIDEN NAME / OTHER NAMES PREVIOUSLY USED:

DATE OF BIRTH: _____

RACE: _____

SEX: _____

DRIVER'S LICENSE NUMBER: _____

- ◆ I understand that the Central Records Division of the Michigan State Police and the Michigan Secretary of State requires the above information.
- ◆ I authorize the City of Royal Oak to utilize the above information for the sole purpose of obtaining a criminal history conviction and driver's license record search.
- ◆ I agree that a facsimile (fax) or electronic copy of this authorization shall be as valid as the original.

SIGNATURE

DATE