

## Volunteer Criminal Background Check (CBC) Authorization Form

Completed forms can be submitted in the following ways: Email: <a href="mailto:cbc@hr.msu.edu">cbc@hr.msu.edu</a> or Mail: MSU Human Resources, 1407 S. Harrison Rd, Suite 110, East Lansing, MI 48823

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

Program Name: Program Start Date:			Sponsoring MSU Unit Name & Org Number						
Program Coordinator Name: Phone Number:			F	Email Address:					
	er Informatio	n (Please	Type o	r Print I	egihl	lv)			
Last Name/Surname: First Name/Given Name				<u> </u>					
Y: ( ) 1/ ( ) 1 1									
List any aliases and/or other legal name	es:		MSU N	NetID:					
Date of Birth (mm/dd/yyyy):			☐ Male ☐ Female MSU Student: ☐ Yes ☐ No					☐ No	
Local Address (Street):	City:				State:	Zip:			
Cell/Local Phone Number (with Area Code):			Email Address:						
This section does not apply to MSU Er	nployees:								
EMERGENCY CONTACT NAME:				PHONE NUMBER:					
	CR	IMINAL I	HISTOR	Y					
Are there felony charges pending again  If you answer "yes" to either of these q the offense, and the legal disposition of	uestions, please f the case.	describe th	ne nature			-	_	ce of	
NOTE: The university conducts a cr "yes" response will not automatically	_		•		-	volunteers or wor	kers. A		
I understand that I will not be allowed to background check has been completed.  I authorize Michigan State University	Human Resour				·			ıl	
my eligibility status to the youth program	coordinator.								
Applicant's or Legal Guardian's Signature:			Date:						
MSU IS A	N AFFIRMATIVE A								
	MSU HR								
Date Form Received:I	Received:Date CBC Completed:			Date Coordinator Informed:					
MSU HR Staff Name and Signature:									
ICHAT Record: Yes No OTIS	Record: Yes		NSOPW	Record:	]Yes	No Eligible	:  Yes	] No	