Southwestern Michigan College
58900 Cherry Grove Road
Dowagiac, Michigan 49047
269-782-1236

CRIMINAL RECORD CHECK CONSENT FORM

As a health careers student at Southwestern Michigan College, I understand that it is the policy of the institution to secure criminal conviction history information as port of the screening process for students using the information provided below. **List all states that you have worked or lived in for the past seven years.** NOTE: A copy of your current driver's license must be submitted with this form.

NAME: _____ _____ _____
Last First Middle

ADDRESS: _____

PREVIOUS ADDRESS (if more than 7 years):
_____
Street City State Zip Code

OTHER STATES:_____

MAIDEN NAME/NAMES PREVIOUSLY USED: _____

BIRTHDATE:_____RACE:_____ SEX:_____

SOCIAL SECURITY NUMBER: _____

DRIVER'S LICENSE NUMBER: _____ _____
State Issuing Number

I understand that the Central Records Division of the Michigan State Police, Lansing, Michigan, requires the above information. I authorize Southwestern Michigan College to utilize the above information for the purpose of obtaining a conviction only crime file search. I understand that if it is discovered that I have a criminal record, it will prohibit my admission to a health careers program.

_____ _____
Applicant's Signature Date