

THE COUNTY OF MACOMB

CRIMINAL BACKGROUND REVIEW

As part of my application for an appointment to a Board or Commission of Macomb County and as part of the screening process, I authorize the review of criminal history using the information provided below.

Name: _____
 Last First Middle

Maiden name/name previously used: _____

Birth Date: _____ Race: _____ Gender: _____

I understand the above information is required by the Central Records Division of the Michigan State Police, Lansing Michigan. I authorize the County of Macomb to utilize the above information for the sole purpose of obtaining a conviction only criminal history file search. All information received will be sent directly to and maintained in the Office of the Board of Commissioners.

Printed Name

Signature

Date

Please return to:

Macomb County Board of Commissioners
Attention: Director of Board Services
1 S. Main Street, 9th Floor
Mount Clemens, MI 48043