

**Reappointment Application and Personal Background Check Consent Form**

# 650 W Easterday Avenue • Sault St Marie, MI •49783 •Telephone (906) 635-2121• Fax :(906) 635-6669

**Academy Name:**

 **Reappointment Information Sheet**

 **Personal Background Check Consent**

# Name:

First Middle Initial Last

# Street Address:

City: State: Zip:

# Home Number: Work Number: Facsimile Number:\_ E-­mail: Employer:

A criminal records check must be conducted as a condition for appointment as a public official serving on the board of a public school academy authorized by Lake Superior State University. This consent does not authorize nor will Lake Superior State University conduct a consumer credit check.

Information requested on this page will be used to conduct a criminal records check and will not be used to determine qualifications as a proposed public school academy board member. This page will be removed prior to review of the information contained in the application.

# Name:

First Middle Initial Last

# Maiden Names/Previously Used Names:

1. Current address (if different than in the reappointment application):

Position/Job Title:

Any changes since your last application? Yes No

Street Address City State Zip

# Former address:

Street Address City State Zip

# Date of Birth:

Month Day Year

# Gender:

|  |
| --- |
| If you selected yes, LIST ANY CHANGES FROM YOUR LAST APPLICATION THAT MAY INFLUENCE YOURAPPOINTMENT (*Specifically list all changes to your Education History, Ages of your Children, Conflict of Interest and Ethical Matters. Please continue on a separate sheet if you need extra room).* |
|  |
|  |
|  |
|  |

Male

Female

1. Race:

White/Caucasian

Black/African American

Hispanic/Latino(a)

Asian/Pacific Islander

American Indian/Alaskan Native

Other (please specify)

**Application Verification**

I recognize that all information submitted with this application or gathered by Lake Superior State University as a result of this application becomes a matter of public record, subject by law to disclosure upon request to members of the general public. I will hold Lake Superior State University, its trustees, officers, employees or authorized agents harmless from liability for the disclosure of any information it reasonably believes is true based upon my representations or resulting from this application process.

I certify that the information provided in this statement is, to the best of my knowledge, true and accurate.

By signing this document I acknowledge receipt of this disclosure and authorize Lake Superior State University to obtain a copy of my criminal records report. I consent to the release of information concerning my criminal record, subject to any restrictions that I have included, to Lake Superior State University, its Charter Schools Office and its legal counsel. I specifically authorize Lake Superior State University to conduct a criminal records check on me with the applicable local, state and federal law enforcement agencies.

I will hold Lake Superior State University, its trustees, officers, employees or authorized agents harmless from liability for the disclosure of any information it reasonable believes is true based upon my representations or resulting from this criminal records check consent process. By my signature I assert and certify that the information provided is, to the best of my knowledge, true and complete.

# Signature

Date

Signature

Date