

FARWELL AREA SCHOOLS
399 E. Michigan Ave
Farwell, MI 48622
www.farwellschools.net
(989)588-9917



**CONSENT FORM TO OBTAIN CONVICTION CRIMINAL HISTORY FILE SEARCHES (ICHAT)
RELEASE OF CRIMINAL CONVICTION HISTORY INFORMATION**

As a volunteer or visitor at Farwell Area Schools, I understand that it is the policy of the district to secure conviction criminal history information as part of the screening process using the information provided below.

Name: _____

Maiden Name/Names Previously used (list all):

Birthdate: ___/___/___ Gender: M F Race (required by the state of Michigan): _____

Have you ever been charged with, arraigned for, plead guilty to, or convicted of criminal charges? Yes No

*****A valid driver's license copy MUST accompany this form or the form will not be processed*****

I understand that the above information is required by the Central Records Division of Michigan State Police, Lansing, Michigan, and by the Federal Bureau of Investigation. I authorize Farwell Area Schools to utilize the above information for the sole purpose of obtaining conviction only criminal history file searches. Farwell Area Schools will also be checking the sexual offenders' website. It is the policy of Farwell Area Schools not to discriminate in its educational programs and activities on the basis of age, race, creed, religion, color, national origin, sex, marital status, disability, or any additional criteria identified by any applicable state or federal statute.

My initials below state that I understand:

____ The information gathered in these criminal history file searches will be used by Farwell Area Schools in determining status decisions for educational volunteers/visitors to be permitted around Farwell students.

____ The information I have provided may be verified, and I give permission to Farwell Area Schools to make inquiry of others concerning my suitability to act as a volunteer/visitor around Farwell students.

____ In the course of being involved in the educational process at Farwell Area Schools, I may be dealing with confidential information, and I agree to keep said information in the strictest confidence.

____ My approval to be involved in the educational process at Farwell Area Schools is an "at will" arrangement and may be terminated at any time without cause by Farwell Area Schools.

If changes occur in the above information, I am required to inform Farwell Area Schools within 48 hours, (2 business days) of the offense. I hereby certify the above responses as accurate and understand that providing fraudulent information is cause for revocation.

Signed: _____ Date: _____

OFFICE USE:

Date checked ___/___/___ Conducted by: _____ Approved: Yes No

Other information: _____