

Village Of Lawrence

157 N. Paw Paw Street
P.O. Box 217
Lawrence Michigan 49064
(269) 674-8161 Fax (269) 674-3004
www.lawrencemi.org



CRIMINAL HISTORY RECORD CHECK AUTHORIZATION

As part of the Application process, we need you to complete the background and criminal history record check authorization below. Please sign and complete the authorization and return it to the Village of Lawrence Office.

Complete a separate form for each individual subject to a background check Applicant, stakeholder(s) and employees must fill out this form.

Date: _____

I, _____, authorize the release of any and all information from my appropriate agency regarding my criminal conviction history to the Village Clerk’s Office of the Village of Lawrence.

I acknowledge that a complete full background investigation, including, but not limited to a Michigan State Police Criminal Conviction Record and LEIN Check will be done.

I further understand the Village of Lawrence has the right to deny an Application License based upon the results of this investigation.

(Please Print Clearly)

FULL NAME _____
FIRST MIDDLE LAST MAIDEN/OTHER

DATE OF BIRTH _____ SEX _____ RACE _____

SOCIAL SECURITY NUMBER _____ DRIVER’S LICENSE _____

LIST ALL NAMES EVER USED _____

Signature