



RELEASE FORM FOR CONSUMER REPORTS

In connection with my application to serve as a volunteer with Detroit Area Agency on Aging, I understand investigative consumer reports, which may contain public record information, may be requested or made on me using the Internet Criminal History Access Tool (ICHAT) database which will include a search on the National Sex Offender Registry <http://www.nsopw.gov>.

These reports may include information relating to my past employment history, professional license / credentials, criminal history, driving record, social security number verification, and/or verification of education. **Information retrieved will not include a credit report.**

Further I understand that you may be requesting information from various Federal, State, local and other agencies which contain my past activities.

This release and authorization shall remain valid and in effect during the term of your service. We reserve the right to run additional consumer reports and/or investigative consumer reports on an as needed basis.

The Agency has the right to make a request of CIC Applicant Background Checks, upon proper identification and the payment of any authorized fees, for the information in its files on me at the time of my request.

First Name: _____ Middle _____ Last _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Address: _____ City: _____ ZIP Code: _____

Previous Address: _____ City: _____ ZIP Code: _____

All Aliases: _____

Date of Birth: ____/____/____ Social Security Number: ____-____-____

Driver's License Number: _____ State issued: _____

Professional License: State ____ Type _____ Number _____

Race (check one):

___ African American ___ American Indian/Alaskan ___ Asian ___ Pacific Islander ___ Hispanic ___ White

Gender: ___ Male ___ Female

Signature _____ Date _____

Michigan State Police may be contacted by mail:

**Michigan State Police
Criminal Justice Information Center
Attention: ICHAT
P.O. Box 3063
Lansing, MI 48909**

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