



EASTPOINTE COMMUNITY SCHOOLS

MICHIGAN STATE POLICE I-CHAT REQUEST FORM

The undersigned is an Employee/Volunteer with Eastpointe Community Schools and has given district officials permission to request and receive a criminal records check through the Michigan State Police.

READ CAREFULLY-THIS DOCUMENT CONTAINS A RELEASE

Name (**Please Print**) : _____ Gender: M or F

Other Names Including Maiden: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____

Date of Birth: _____ / _____ / _____ Race: _____
Month Date Year

I do, hereby release; *Eastpointe Community Schools*, its individuals board members, employees, and agents, past and present; from any and all claims and/or liability whatsoever for any damages or consequences which may result from the criminal records check related to my position as an **EMPLOYEE/VOLUNTEER** with *Eastpointe Community Schools*.

Signature: _____ Date: _____