







Michigan Dept. of State Police  
Central Records Division  
7150 Harris Drive  
Lansing, MI 48913

**And**

FBI Criminal Background Check  
NCMEC-NMP-PROT ACT  
Alexandria, VA

**Re: Application for Record Check**

Dear Department:

\_\_\_\_\_ is being considered as a volunteer mentor in our organization. We are, therefore, requesting documentation of any criminal history you may have on record for this individual.

The proper identifiers required to conduct a complete criminal history file search are as follows:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Race/Ethnicity: \_\_\_\_\_

Sex: \_\_\_\_\_

Social Security: \_\_\_\_\_

Driver's License: \_\_\_\_\_

Alias or Maiden Name: \_\_\_\_\_

FBI Fingerprint #: (if applicable) \_\_\_\_\_

SID Fingerprint #: (if applicable) \_\_\_\_\_

These records are obtained as volunteer screening to assure the safety and security of participants in our organization. By signing below, I authorize the release of this information, obtained by the use of a proper complete criminal history file search.

\_\_\_\_\_  
Signature Date