



Autism Collaborative Center

Service ■ Education ■ Research ■ Community
Eastern Michigan University

BACKGROUND AUTHORIZATION REQUEST

Authorization

By signing this authorization, the applicant grants permission to the MSP and any other public or private entity to conduct a background check for the express purpose of determining eligibility for working minor children or in some cases, adults with disabilities, as part of the Autism Collaborative Center. The background search will include, but is not limited to, arrests, criminal charges, criminal convictions, and any information regarding contact with a criminal justice agency.

Applicant Information

Name: Last	First	Middle
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Date of Birth : / /

Sex: Male Female

Race

White Black (African American) American Indian/ Alaskan Native

Hispanic Asian/ Pacific Islander Other:

Signature : _____ Date: _____

This information is confidential. Disclosure of confidential information is protected by the Privacy Act of 1974 (5 U.S.C. § 552a), as amended.

AUTHORITY: 1974 PA 163; **COMPLIANCE:** Voluntary