

**AUTHORIZATION AND RELEASE
CRIMINAL BACKGROUND CHECK**

I understand in order to provide services, a criminal background check must be completed. I have been informed that a criminal history may disqualify me from providing services and understand that The Arc of Oakland County, Inc. will notify me of the results. I further understand that The Arc of Oakland County Inc. will notify the requesting family as to my eligibility to provide respite services.

I hereby authorize and release from all liability without reservation, The Arc of Oakland County, Inc., Macomb Oakland Regional Center, Inc., any law enforcement agency, administrator, State/Federal agency, or institution gathering or furnishing the above information.

PLEASE INCLUDE A PHOTOCOPY OF A MICHIGAN DRIVER'S LICENSE OR STATE IDENTIFICATION

Signature

Date

Name (print full name)

Date of Birth (must be 18 yrs or older)

Male/Female

(Circle One)

Race - White, Black, Asian, Pacific Islander, American Indian or Alaskan Native, Unknown/Other

(Circle One)

Print all other names previously used

Current Address

City

State

Zip Code

Providing Services For: _____

Name (print)

Send or fax to: The Arc of Oakland County, Inc.

1641 W. Big Beaver Road

Troy, MI 48084

Email: fitimesheet@thearcoakland.org

Fax (248) 816-3340