

I, hereby, give permission to the White Pigeon Community Schools to request a drivers license record check on my license from the State of Michigan.

I, also, give permission to the White Pigeon Community Schools to run a background check to determine whether I, ever, have been convicted of any criminal sexual offenses, from the Michigan State Police.

Signature

Date Signed

Print your name as it is on your drivers license

Sex

Race

Social Security Number

Driver License Number

Date of Birth (mm/dd/year)