

*Girls into Women - A program of the Rhonda Walker Foundation*

**State of Michigan Background Check and Sex Offender Registry  
Authorization Form**

It is the policy of our organization to secure criminal conviction history information as part of the volunteer screening process using the information provided below.

**NAME** \_\_\_\_\_  
**Last** **First** **Middle**

**Maiden Name/Names Previously used** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Gender** \_\_\_\_\_ **Race** \_\_\_\_\_

**Driver's License Number** \_\_\_\_\_

I understand that the above information is required by the Central Records division of the Michigan State Police, Lansing, Michigan. I authorize the Rhonda Walker Foundation to utilize the above information for the sole purpose of obtaining a conviction only criminal history file search and sex offender registry listing.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE