

LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS

CHILD CARE ASSISTANCE

AUTHORIZATION FOR CRIMINAL BACKGROUND INVESTIGATION

NAME _____

MAIDEN NAME OR OTHER NAMES USED _____

DATE OF BIRTH ____/____/____ RACE _____

PHONE _____

PLEASE LIST ALL CRIMINAL HISTORY INFORMATION CHARGES/CONVICTIONS AND DATES _____

I understand that my signature allows the LTBB Department of Human Services to run a criminal background investigation on myself. I agree that the information above is all accurate and true to the best of my knowledge.

PRINTED NAME _____

SIGNATURE _____ DATE: _____

