

**LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS  
DEPARTMENT OF HUMAN SERVICES**



**AUTHORIZATION FOR CRIMINAL BACKGROUND INVESTIGATION**

Name: \_\_\_\_\_

Maiden name or other names used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Mailing Address: 7500 Odawa Circle, Harbor Springs, MI 49740  
Physical Address: 911 Spring Street, Petoskey, MI 49770  
Phone: (231) 242-1620 Fax: (231) 242-1635