

**AUTHORIZATION TO CONDUCT CRIMINAL BACKGROUND CHECK**

In connection with my application for appointment to the vacant Councilperson seat on the Tribal Council, I understand and acknowledge that a criminal background check must be performed on me by the Pokagon Band Tribal Police. This background check will be limited to information concerning my criminal history. By my signature below, I hereby authorize, empower, and release from all liability, without limitation, any party or agency contacted by the Pokagon Band Tribal Police to furnish the above mentioned information. I agree that a fax or photocopy of this authorization is to be considered and accepted with the same authority as the original. I further certify and acknowledge that I am not currently incarcerated.

**Please clearly print all information.**

**Name**

\_\_\_\_\_  
Last

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle Initial

**Other Names Used**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Dates of Use**

from \_\_\_\_\_ to \_\_\_\_\_

from \_\_\_\_\_ to \_\_\_\_\_

from \_\_\_\_\_ to \_\_\_\_\_

**Current Address**

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

**Driver's License**

\_\_\_\_\_  
Number

\_\_\_\_\_  
State of Issue

\_\_\_\_\_  
Expiration Date

**Date of Birth**

\_\_\_\_\_

**Social Security Number**

\_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date