

Livescan Release Consent

Pursuant to the employment with Martin Luther King, Jr. Education Center Academy the undersigned must have a fingerprint-based criminal history record information background check. This document serves as your consent form. The form must be signed in order to authorize the release of any criminal history record information that may exist. The results of the criminal history background check will be forwarded Martin Luther King, Jr. Education Center Academy for review.

Facility Information

Requesting Organization Name : Martin Luther King Jr. Education Center Academy,	Purpose: Employment
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Requesting Organization Address:
16827 Appoline Detroit, MI 48235

Applicant Information

Name:	Sex:	Date of Birth:
Last 4 of SSN (<i>optional</i>):	Drivers License #:	DL State:

Privacy Statement

I, the undersigned, hereby authorize the release of any criminal history record information that may exist regarding me from any agency, organization, institution, or entity having such information on file. I am aware and understand that my fingerprints may be retained and will be used to check the criminal history record information files of the Illinois State Police and/or the Federal Bureau of Investigation where permitted by law. I also understand that if my photo was taken, my photo may be shared only for employment or licensing purposes. I further understand that I have the right to challenge any information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete pursuant to Title 28 Code of Federal Regulation 16.34 and Chapter 20 ILCS 2630/7 of the Criminal Identification Act.

Applicant Consent

Applicant Name (printed):	Date:
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Applicant Name (signature):	Date:
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