

## PERMISSION TO OBTAIN INFORMATION

This document authorizes The Willard G. Pierce and Jessie M. Pierce Foundation dba Pierce Cedar Creek Institute (Institute), 701 W. Cloverdale Rd., Hastings, MI 49058, and/or its research agent, to verify specific information about my background. I understand that as long as I continue to work/volunteer at the Institute, my authorization on this form will allow the Institute to periodically re-verify my background information. I do not hold the Institute responsible for the accuracy of the information obtained under this authorization.

**I further understand that I do not have to agree to these background checks, but refusal to do so will exclude me from consideration for the work I will be doing on behalf of the Institute.**

I further understand that this information will be held on file at the Institute, and will be held in the confidence accorded all such records.

I specifically authorize that background information may be sought in any or all of the following areas, and agree to release from liability the agencies, prior employers, individuals or other entities which provide information to the extent that the information given is true and accurate.

Criminal Records	Education/Professional Status
Driving Records	Personal References
Past Employment/Volunteer History	

I hereby also extend my permission to those individuals or organizations contacted for the purpose of these background checks to give their full and honest evaluation of my suitability for the described work and such other information, as they deem appropriate.

I understand that one of the purposes of this authorization may be to allow the Institute to obtain current driving records in order to determine eligibility for use of the company vehicle for the normal course of business. I do not hold the Institute responsible for the accuracy of the information obtained for this purpose under this authorization.

I hereby authorize the State of Michigan to release driver, vehicle, and related information about me to:

The Willard G. Pierce and Jessie M. Pierce Foundation  
dba Pierce Cedar Creek Institute  
701 W. Cloverdale Road  
Hastings, Michigan 49058

I acknowledge that I have read and understand this form and have had an opportunity to ask questions about its use. **PLEASE PRINT THE FOLLOWING:**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

\_\_\_\_\_

Date of Birth (mm/dd/yyyy)	Gender	Race *
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Driver's License Number	State of Issue	Date
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\*The Institute obtains background checks through the Michigan State Police and race must be completed for us to access this information. Leaving this field blank could prohibit your ability to work or volunteer at the Institute.

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For Office Use Only: Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Date Background Check Completed: \_\_\_\_\_ Completed by: \_\_\_\_\_