

REQUEST FOR CRIMINAL BACKGROUND CHECK

State of Michigan
Department of State Police

NAME _____ (Please Print) First Middle Last

ADDRESS: _____

Any other names by which you have been known (including maiden) _____

Date of Birth ____/____/____ Sex ____ Race _____

SS # ____/____/____

I am a student at Northeast Wisconsin Technical College. They are requiring a criminal background check, without fingerprints, to be done to by the State of Michigan to access clinical sites.

Signature _____ Date ____/____/____

(Money order or check in the amount of \$15 payable to NWTC)

- 1. Your request will be forwarded to the State of Michigan. The results will be received by NWTC for your student records. The results of the search are not to be directly received by you.
2. Mail the request and the check or money order to:
CBC - Student Records
NWTC
PO Box 19042
Green Bay WI 54307-9042

** If paying by Credit card this sheet can be faxed to the CBC desk fax no. 920-498-6242.

CREDIT CARD PAYMENT INFORMATION

Please check one: Master Card [] VISA [] Discover []

Account Number _____ - _____ - _____ - _____

Expiration Date: ____/____ Card Holder Name _____