

**MICHIGAN SUPREME COURT
&
MICHIGAN COURT OF APPEALS**

**CONSENT FOR DISCLOSURE OF CONFIDENTIAL INFORMATION
FOR PERSONAL BACKGROUND INVESTIGATION**

I give permission to the Court to investigate my driving record and any criminal history. I understand that this information will become part of the confidential records of the Court, and that I will not have access to those records.

A photocopy of this release will be as valid as the original, even though the photocopy does not contain my original signature. (This authorization shall continue in effect until revoked by me in writing.)

Printed Name _____ Male Female
(Last, First, Middle)

Date of Birth (Month/Day/Year) _____ Job Title: _____

Driver's License # _____ State Issued _____

County you reside in: _____

Social Security # _____

Proposed Start Date: _____ Proposed End Date: _____

FCRB Rep/Supervisor: _____ Office Location & phone: _____

Is there additional information about you under a different name? Yes No

If yes, please explain and list names: _____

Maiden Name (if applicable): _____

Signature _____ Date _____

A signed hard copy of this form **with an original signature** must be returned at least 30 days prior to start date:

**Kathy Falconello
Administrative Assistant
Child Welfare Services – Foster Care Review Board
3034 W. Grand Blvd., Suite 8-400
Detroit, MI 48202**