**Bay Mills Community College**

**Charter Schools Office**

**Consent and Certification**

I consent to the release of information concerning my ability and fitness for the position to which I seek to be appointed by my employer(s), school, law enforcement agencies, and other individuals and organizations, subject to any restrictions which I have included, to Bay Mills Community College Board of Regents and the Community College’s Legal Counsel. I specifically authorize Bay Mills Community College Board of Regents to do a criminal background check on me with the applicable state and federal law enforcement agencies.

I, Click here to enter text., certify that the information provided in this statement is, to the best of my knowledge, true and accurate.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** Click here to enter a date.

**Birth Date:** Click here to enter text.

**Please Note:** *Public School Academy Board Member Questionnaires are subject to public disclosure under the Michigan Freedom of Information Act.*