

**Criminal Background Check Consent Form**

Texas Township Campus  
6767 West O Avenue  
PO Box 4070  
Kalamazoo, MI 49003-4070  
269.488.4400  
[www.kvcc.edu](http://www.kvcc.edu)

Arcadia Commons Campus  
202 North Rose Street  
PO Box 4070  
Kalamazoo, MI 49003-4070  
269.373.7800

The Groves Campus  
7107 Elm Valley Drive  
PO Box 4070  
Kalamazoo, MI 49003-4070  
269.353.1253

Kalamazoo Valley Museum  
230 North Rose Street  
PO Box 4070  
Kalamazoo, MI 49003-4070  
269.373.7990

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

Maiden Name/Names Previously Used: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Birth date: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_  
State Issuing Number



I authorize Kalamazoo Valley Community College to conduct a criminal background check for the purpose of determining my suitability for employment opportunities or volunteer opportunities with Kalamazoo Valley Community College. I understand that the offer of employment or volunteer opportunity is contingent upon these results.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Position Applying for (if applicable)