

Academy Name: _____

Applicant Name: _____

First Middle Last

Maiden/Previously Used Name(s): _____

Applicant Address: _____ Employer Name: _____

Position/Title: _____

City State Zip

Email Address: _____ Gender: _____

Date of Birth: _____

MM DD YYYY

Race:	African American	<input type="checkbox"/>
	American Indian/Alaskan Native	<input type="checkbox"/>
	Asian/Pacific Islander	<input type="checkbox"/>
	Caucasian	<input type="checkbox"/>
	Hispanic/Latino(a)	<input type="checkbox"/>
	Other	<input type="checkbox"/>

Any changes since your last application?

If yes, please list: _____

A criminal records check must be conducted as a condition for appointment as a public official serving on the board of a public school academy authorized by Lake Superior State University. This consent does not authorize nor will Lake Superior State University conduct a consumer credit check.

Information on this page will be used to conduct a criminal records check and will not be used to determine qualifications as a proposed public school academy board member.

Application Verification

I recognize that all information submitted with this application or gathered by Lake Superior State University as a result of this application becomes a matter of public record, subject by law to disclosure upon request to members of the general public (FOIA). I will hold Lake Superior State University, its Trustees, officers, employees or authorized agents harmless from liability for the disclosure of any information it reasonably believes is true based upon my representations or resulting from this application and criminal background check consent process.

By signing this document I acknowledge receipt of this disclosure and authorize Lake Superior State University to obtain a copy of my criminal records report. I consent to the release of information concerning my criminal record to Lake Superior State University, its Charter Schools Office and its legal counsel. I specifically authorize Lake Superior State University to conduct a criminal records check on me with the applicable local, state and federal law enforcement agencies.

By my signature, I assert and certify that the information provided in this statement is, to the best of my knowledge, true and accurate.

Signature

Date