



# Community Health Access Coalition

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## Criminal Records Check

Name (first, middle initial, last):	Date of Birth:
Sex:	Race:

These records are obtained as pre-employment / volunteer screening to assure the safety and security of our clients and employees by the authorized user in the address below.

By my signature below, I authorize the release of this information, to be obtained on an annual basis by CHAC. All information disclosed is confidential.

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

\_\_\_\_\_  
Date

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*Coordinating Access to Healthcare in the Eastern Upper Peninsula*

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