GRAND VALLEY STATE UNIVERSITY
CHARTER SCHOOLS OFFICE

201 Front Avenue SW, Suite 310, Grand Rapids, MI 49504
Telephone(616)331-2240-Fax:(616)331-2085

Academy Name:

Reappointment Information Sheet

First Name | Last Name | Middle Inital

Street Address

City | State | Zip Code

Home Phone Number | Work Phone Number

Facsimile Number | E-Mail Address

Employer _____

Position Title _____

Application Verification

I recognize that all information submitted with this application or gathered by Grand Valley 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. I will hold Grand Valley 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 process.
I_____ certify that the information provided in this statement is, to the best of my knowledge, true and accurate.

Signature_____ Date_____

LIST ANY CHANGES FROM YOUR LAST APPLICATION THAT MAY INFLUENCE YOUR APPOINTMENT.
(I.E. Conflict of interest questions; Ethical matter question, etc.)

(See attached)

☐ **No Change**

Background Consent Information:

By signing this document I acknowledge receipt of this disclosure and authorize Grand Valley State University to obtain a copy of my criminal records report.

I consent to the release of information concerning my criminal record, subject to any restrictions that I have included, to Grand Valley State University, its Charter Schools Office and its legal counsel. I specifically authorize Grand Valley State University to conduct a criminal records check on me with the applicable local, state and federal law enforcement agencies.

I will hold Grand Valley State University, its trustees, officers, employees or authorized agents harmless from liability for a disclosure of any information it reasonable believes is true based upon my representations of resulting from this criminal records check consent process.

By my signature I assert and certify that the information provided is, to the best of my knowledge, true and complete.

Signature_____ Date_____