

**CLAWSON MAVERICKS**  
**CONSENT FOR BACKGROUND CHECK**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

**DL #:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

\_\_\_\_\_

**SIGNATURE**

\_\_\_\_\_

**DATE**

**BY SIGNING THIS FORM YOU GRANT THE CLAWSON MAVERICKS  
PERMISSION TO RUN A STATE OF MICHIGAN BACKGROUND CHECK.  
ALL INFORMATION OBTAINED IS CONFIDENTIAL AND WILL ONLY BE  
SEEN BY THE MAVERICK BOARD OF DIRECTORS, GENERAL MANAGERS  
AND VICE CHAIRMAN OF THE OMYFA.**