



Windsor Charter Township Emergency Services

300 W. Jefferson St.
Dimondale, MI 48821
Phone: 517-646-0893
Fax: 517-646-0211

ICHAT & PSOR Check Authorization Form

I _____, authorize Windsor Township Emergency Services, to complete an Internet Criminal History Access Tools (ICHAT) and Michigan Public Sex Offender Registry (PSOR) check for the purpose of background checks for EMT initial education clinicals.

The background checks are being completed for the safety of the community members and patients that we will have contact with. ICHAT is the public resource for name-based Michigan Criminal history background checks.

Providing false information, or information contradicting to the background check information, is grounds for immediate dismissal from the EMS initial education program.

By affixing your signature to this form you acknowledge your information is true and give full consent to complete the requested background checks.

Full Printed Name: _____

Maiden Name or other name(s) previously used: _____

Date of Birth: _____ Sex: _____
[mm/dd/yyyy]

Signature: _____ Date: _____

Administrative Use Only

Checks completed by: _____ Processed date: _____

ICHAT _____ PSOR _____