

**CONTRACTOR'S AFFIDAVIT, WAIVER OF LIEN, AND CRIMINAL BACKGROUND CHECK STATEMENT**

\_\_\_\_\_ being duly sworn, deposes and says that he/she makes this affidavit on behalf of \_\_\_\_\_ (Contractor) having entered into an agreement, dated \_\_\_\_\_ (the Contract), with Michigan State University (Owner) for the construction of \_\_\_\_\_ on the premises of the Owner located in \_\_\_\_\_ County, Michigan (Project Site), certifies that

1. all work, labor, material, equipment and services committed for have been fully paid by Contractor for all obligations to the date of this affidavit or have otherwise been satisfied pursuant to the contract documents.
2. all known indebtedness and claims against the Contractor for damages arising in any manner in connection with the performance of the Contract referenced above, for which the Owner or its property might in any way be held responsible, have been satisfied.
3. Contractor's employees and each of its trade contractors and suppliers employees performing services at the Project Site have been subject to a criminal background check within the last 12 months, and no individual employee was ineligible to perform work pursuant to Owner's criminal background check policy. The Contractor understands that MSU has determined that the MSU Contractor Criminal Background Check Requirements apply to all capital project construction at MSU East Lansing Campus. The MSU Contractor Criminal Background Check Requirements can be found at the following location:  
<https://usd.msu.edu/common/documents/criminal-back-ground-check.pdf>

Furthermore, for and conditioned upon payment of \$ \_\_\_\_\_ by the Owner, the Contractor does hereby waive, release and relinquish any and all claims or rights of lien which the Contractor may have upon the premises above described, for labor, and material, general supervision of construction or alteration, and/or otherwise.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

SUBSCRIBED AND SWORN TO BEFORE ME,  
THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.  
NAME \_\_\_\_\_  
MY COMMISSION EXPIRES \_\_\_\_\_  
NOTARY PUBLIC \_\_\_\_\_ COUNTY, MICHIGAN.