



Supporting educational excellence through
advocacy, collaboration and innovation.

PERMISSION TO SHARE STATE OF MICHIGAN CRIMINAL HISTORY RECORDS & FEDERAL BUREAU OF INVESTIGATION (F.B.I) CRIMINAL HISTORY RECORDS

This form should be completed by applicants who had their fingerprints scanned for School Employment at a Michigan K-12 school district and have not had a lapse in service in the Michigan K-12 school system. If there has been a lapse in service, you will need to be re-fingerprinted.

I hereby authorize _____

Name of previous school district that has your fingerprint scan results

Contact Name: _____

(If you have this information)

Email or phone: _____

its employees and agents to share information needed to access criminal history records received from law enforcement agencies pertaining to me with the Marquette-Alger Regional Educational Service Agency for the purpose of evaluating my qualifications as a candidate for employment. (*Employment is here further defined as full or part-time employment, registration as a substitute teacher or assignment to work in the district's facilities.*) I do hereby release the school district, its individual board members, employees, and agents, past and present, from any and all claims and/or liability whatsoever for any damages or consequences which may result from the pre-employment investigation, including the criminal records check, related to my consideration for employment with the Marquette-Alger RESA.

Email the TCN and name as it was entered in the CHRISS system for the person listed below to Glenda Leach: gleach@maresa.org

Applicant Signature

Date

Applicant Name (Please type or print)

6_1/1

If SE prints are current for school