

LAST NAME

HR OFFICE USE~TCN#

RELEASE OF PRINTS AUTHORIZATION

for

Mt. Pleasant Public Schools 720 N. Kinney Ave. Mt. Pleasant, MI 48858



MIDDLE NAME

POSITION HIRE FOR

RELEASE OF PRINTS FROM OTHER EDUCATIONAL ORGANIZATION

As a prospective employee/substitute teacher of the Mt. Pleasant Public School District, I understand that it IS this agency's policy to secure conviction criminal history information as part of their pre-employment screening process and to meet state requirements using the information provided below:

FIRST NAME

DATE OF BIRTH

1 011102 002 101						
PLEASE SE	LECT THE APPROPRIATE	OPTION:				
#1	I am providing fingerprints for a criminal history check and authorize release of my criminal history background response received from the Michigan State Police Central Records Division to any Michigan school district personnel department					
#2	I was previously fingerprinted by the State of Michigan and the FBI for a public school district. I authorize the school district listed below to RELEASE my fingerprint/background check results to the Mt. Pleasant Public Schools and/or its representatives					
Name of School District to Request From:						
Address:						
City:		State:	Zip:			
Phone: Fax or Email to Scan:						
Signature o	of New Employee/Sub:		Date:			
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*You may deliver the hard copies in person to Heather Prewo at Central Office~720 N. Kinney, MP OR, you may SCAN the completed documents to https://example.com/hprewo@mp.edzone.net