



RELEASE OF INFORMATION TO ANOTHER DISTRICT/ISD/ESA/SCHOOL – FINGERPRINTED FOR ANOTHER DISTRICT

I, _____ (print name) authorize Dearborn Public Schools to obtain from _____ (District, School, etc. that currently holds my prints), all information and reports about the criminal record check conducted by the District/ISD/ESA/School. I understand this information is required by Public Act 99, amended by Public Act 68. I fully release District/ISD/ESA/School to the maximum extent permitted by law from any liability whatsoever in connection with either the release or use of the report required by Public Act 99, amended by Public Act 68.

Signature:

Date:

Position applying for: _____

Last four (4) digits of SSN: _____ Date of Birth _____

TCN: _____ (please write legibly)

NOTES: _____
