AUTHORIZATION FOR RELEASE OF INFORMATION

STATE AND FEDERAL FINGERPRINT SEARCH

Applicant Name: _____

First **MI** **Last**

DOB: ____/____/____

Phone Number: _____

Position Applying for: _____

TCN: _____

I authorize _____ to provide
(School District)
The Memphis Community Schools District any information regarding State and Federal fingerprint searches, which were conducted on my behalf in the aforementioned school district.

I release the school district from any liability for providing information on my fingerprint search and release Memphis Community Schools District and its representative from seeing such information.

_____ _____

Applicant's Signature Date

Please return the requested documents to:

Memphis Community Schools
Attn: Laura Heilig – Confidential
PO Box 201, 34165 Bordman Rd
Memphis, MI 48041

OR

SHARE through CHRISS: Memphis Community Schools (FIN Agency ID: 00013016P)

(PLEASE DO NOT EMAIL Fingerprint results)

Please call 810 535 8227 if you have any questions.