



ARRAIGNMENT DISCLOSURE FORM

Employee Name _____

Date of Birth _____

Position _____

Location _____

Date of Arraignment _____

Pursuant to Public Act 131 of 2005, I hereby disclose that I was arraigned on the aforementioned date for the criminal offense of _____
in _____ Court, located in the State of _____,
County of _____.

In signing this form, I acknowledge that I understand that should I be convicted of or if I plead guilty or nolo contendere (no contest) or I am subject of a finding of guilt by a judge or jury, it is my responsibility to disclose to the court that I am employed by a school, public or non-public. I also understand that if I am subsequently not convicted of any crime after the completion of judicial proceedings resulting from that charge, I must request, in writing, that the Michigan Department of Education and the employing school/district delete the report from my records.

Signature

Date

Send this form to: **Dr. Robert Shaner, Superintendent**
Rochester Community Schools
501 W. University Drive
Rochester, MI 48307

Director
Michigan Department of Education
Office of Professional Preparation Services
P.O. Box 30008
Lansing, MI 48909