



**AUTHORIZATION TO RELEASE
CONFIDENTIAL INFORMATION**

*(Use this form for ANYONE who has had fingerprints taken
in the past year for School Employment under code MCL 380.1230a)*

Date

Name of School District where fingerprint results are located

Street Address

City, State, Zip

I hereby authorize _____ School District to release the results
(Name of School District where fingerprint results are located)

of my criminal history check (State and FBI) that was conducted during the _____ school year.

I give permission to have my criminal record check faxed or sent to the following:

Southgate Community School District
HUMAN RESOURCES DEPARTMENT
13940 Leroy
Southgate, MI 48195
Fax: 734-991-0013

Printed Name

Social Security Number

Signature

Date