

FINGERPRINT INFORMATION RELEASE FORM

DATE: \_\_\_\_\_

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize the release of information concerning the status of my fingerprinting, done within the last year, to the Ann Arbor Public School District.

Please forward this information to:

Ann Arbor Public Schools  
Human Resources Services – Fingerprint Processing  
2555 S. State ST  
Ann Arbor, MI 48104

Phone: (734) 994-2240

Fax: (734) 997-1046

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_

HRS initials \_\_\_\_\_

Revised 9/14/09  
AAPS/hrs