



**PUBLIC ACT 68 OF 1993 AND PUBLIC ACT 83 OF 1995  
AUTHORIZATION FOR RELEASE OF FINGERPRINT/CRIMINAL RECORDS CHECK FROM LOCAL  
SCHOOL DISTRICT**

The undersigned is has indicated that a criminal records check was completed through the employment process at Brighton Area Schools. The candidate is requesting that this information be released to: \_\_\_\_\_

**READ CAREFULLY - THIS DOCUMENT CONTAINS A RELEASE**

**Print Name** \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
First/Middle/Last

Social Security # (last 4 digits) \_\_\_\_\_ Date of Birth \_\_\_\_\_

I hereby authorize the Brighton Area Schools and its employees and agents to forward a copy of my criminal records check for the purpose of evaluating my qualifications. I do hereby release Brighton Area Schools, its individual board members, employees, and agents, past and present, from any and all claims and/or liability whatsoever for any damages or consequences which may result from the pre-employment investigation, including the criminal records check, related to my consideration for employment. Send the copy of the criminal records check to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Print Full Name of Candidate

\_\_\_\_\_  
Signature of Candidate