LIVONIA PUBLIC SCHOOLS
15125 Farmington Road, Livonia, MI 48154
AUTHORIZATION FOR DISCLOSURE OF INFORMATION

PLEASE PRINT
Applicant's Name_____
FIRST *M.I.* *LAST*

_____ _ _____
MAIDEN NAME (IF APPLICABLE) *SOCIAL SECURITY NUMBER (last four digits only)*

Position applying for_____

I hereby authorize: (Current/Previous employer's name and address; _____

_____

_____

the Employer to contact all my former and current employers, educational institutions, and the other references I have provided regarding me and my performance record and work, academic, and/or military experience.

I hereby authorize my current and former employers to disclose to the School District all requested information, whether or not substantiated and whether or not included in my personnel record, including, but not limited to, any information concerning any unprofessional conduct by me, and to make available to the School District copies of all documents, whether or not maintained in my personnel record, including, but not limited to, documents relating to any unprofessional conduct by me.

"Unprofessional conduct" means one or more acts of misconduct; one or more acts of immorality, moral turpitude, or inappropriate behavior involving a minor, or commission of a crime involving a minor. A criminal conviction is not an essential element of determining whether or not a particular act constitutes unprofessional conduct – MCL380.123(8)(b).

I also hereby release the Employer and its employees and agents, and all of my former and current employers, educational institutions, and the other references I have provided from any and all liability and damages for releasing, in good faith, or using information concerning me and my performance record and work academic, and/or military experience. I also hereby waive any right under the Bullard-Plawecki Right to Know Act, 1978 PA397, to receive written notice from the Employer or any former or current employer that disciplinary reports, letters of reprimand, or other disciplinary action taken against me while employed will be or have been disclosed to a third person or entity.

Applicant's Signature_____Date_____

NOTE TO CURRENT/PREVIOUS EMPLOYER: Public Act 189 of 1996 requires you to provide Livonia Public Schools copies of any and all information relating to unprofessional conduct contained within the above named person's personnel file within 20 days of receipt of this request. If we do not receive information from you within the required twenty (20) days after receiving this request, we will consider your failure to respond as an indication that no information or records exist in the individual's personnel records relative to any reported and substantiated unprofessional conduct.

The Act provides that "an employer or an employee acting on behalf of the employer who discloses information under this section in good faith is immune from civil liability for the disclosure".

PLEASE RETURN RESPONSE TO:
Director of Human Resources / Livonia Public Schools / 15125 Farmington Road, Livonia, MI 48154

Thank you for your assistance. If you have questions or concerns, please contact the Livonia Public Schools at (734) 744-2501.

☐ **I certify that <u>no documentation of unprofessional conduct exists</u> within the above named person's personnel file.**

☐ **I <u>have enclosed items</u> relating to unprofessional conduct.**

Signed for the Employer by_____Date_____

Title_____