



FINGERPRINT RELEASE

School to transfer to:

- Academy of Warren
- American Montessori Academy
- Crescent Academy

FINGERPRINTS TRANSFER

Please complete this section if your fingerprints are already maintained at a school, ISD or agency.

Your Last Name:

Your First Name:

Your Middle Name:

Date of Birth (mm/dd/yyyy):

TCN*:

ISD, School, or Agency Name:

Agency Email:

Agency Phone:

Agency Fax:

****If you do not have your TCN, your previous employer may look it up for you. We cannot transfer prints without the TCN number and ISD, School or Agency contact information.***

In connection with my application for employment through Partner Solutions, and pursuant to Section 1230b of the Revised Michigan School code of 1976, Act No. 451 of the Public Acts of 1976. I, the undersigned, hereby authorize the above stated ISD, School, or Agency to disclose to the academy below all information and reports about the criminal record check maintained by said ISD, School or Agency and to make available to the academy listed below copies of all documents related to said criminal record check.

I further release the above ISD, School, or Agency from any liability from providing the information described above and I waive any written notice required under section 6 of the Bullard-Plawecki employee right to know act, Act No. 397 of the Public Acts of 1978, being section 234.506 of the Michigan Compiled Laws.

It is my understanding that the academy listed below will hold any information obtained in the course of this investigation will be held strictly confidential.

Applicant Signature: _____

Date: _____