

JOHANNESBURG-LEWISTON AREA SCHOOLS

Criminal Conviction History Release Form

As a prospective employee of Johannesburg-Lewiston Area Schools, I understand that the school must secure criminal conviction history/fingerprint history report information (MCL 380.1230a) as part of its pre-employment screening process using the information provided below:

Name (prin	nt clearly)	:			
		Last		First	Middle
Maiden/Fo	ormer nam	ne(s) previo	usly used:		
Birthdate:			City & State of Birth:		
	mm o	dd yy			
Sex:		Ra	ce:		

I authorize **Johannesburg-Lewiston Area Schools** to utilize the above information for the sole purpose of obtaining a criminal conviction history/fingerprint report.

MY PRINTS ARE ON FILE IN A MICHIGAN DISTRICT OR AGENCY:

I authorize	to release my criminal				
conviction history/fingerprint report obtained on or about	and received				
from the Michigan State Police and the Federal Bureau of Investigation (FBI) to:					

Johannesburg-Lewiston Area Schools Att: Superintendent's Office 10854 M 32 E Johannesburg MI 49756

Applicant's Signature