



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 (print clearly): _____
Last First Middle

Maiden/Former name(s) previously used: _____

Birthdate: ____/____/____ City & State of Birth: _____
mm dd yy

Sex: _____ Race: _____

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

Date