

FINGERPRINT RELEASE FORM

School District holding your print results:

Name:

Date of Birth:

Last 4 digits of Social Security Number:

TCN:

This signed release authorizes fingerprint information to be forwarded to:

Ithaca Public Schools
Name of School District
710 N. Union St.
Address
Ithaca, MI 48847
Address
FAX: 989-875-4538

I, _____, (your name) authorize _____
 (school requesting finger prints) to obtain from the above stated school district (where
 prints are maintained), all information and reports about the criminal record check
 maintained by said school district pursuant to Public Act 99, amended by Public Act 68.
 I understand this information is required by P.A. 99, amended by P.A. 68. I fully release
 that above stated school district (where prints are maintained) and _____
 _____ (school requesting finger prints) to the maximum extent
 permitted by law from any liability whatsoever in connection with either the release or
 use of the report required by P.A. 99. amended by P.A. 68.

Signature

Date