



Harrison Community Schools

224 W. Main Street

Harrison, MI. 48625

989.539.7871

www.harrisonschools.com

Authorization to Release Criminal History Record

It is my request that copies of my criminal conviction record, both State of Michigan and FBI, be sent to the Harrison Community Schools Administration Office either by way of the Michigan State Police CHRISS system, faxed to 989-539-7491, or post mail to 224 W. Main St. Harrison, MI 48625.

Print Name: _____ Date of Birth: _____

If sending by the CHRISS system, the required TCN is: _____

District(s) to request record from: _____

My signature on this document confirms both the requests for release of the criminal conviction record report and my voluntary participation in the criminal conviction record check process.

Signature: _____ Date: _____

Witness: _____ Date: _____