

Harrison Community Schools

224 West Main Street – PO Box 529
Harrison, Michigan 48625

FINGERPRINT RELEASE FORM

Please complete this form only if you have been Livescan fingerprinted since January 1, 2006

Approximate date of fingerprinting: _____

School District/ISD finger printed for: _____

Address City, State Zip

Name: _____
First Middle Initial Last Maiden Name

Date of Birth: _____ Last 4 digits of your SSN: _____

This signed release authorizes fingerprint information to be forwarded to:

Harrison Community Schools
224 W. Main Street
PO Box 529
Harrison, MI 48625

Attention: Tammy Harcourt, Administrative Assistant
Phone: (989) 539-7871 -Fax: (989) 539-7491

I, _____ (your name) authorize Harrison Community Schools 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 PCMI and Harrison Community Schools (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 PA. 99 amended by P.A. 68

Date: _____ Signature _____