



FINGERPRINT RELEASE

IF YOU HAVE BEEN FINGERPRINTED AT ANOTHER SCHOOL SINCE  
JANUARY 1, 2006, PLEASE COMPLETE THIS FORM

YOUR NAME \_\_\_\_\_

LAST 4 OF SS# \_\_\_\_\_

NAME OF ESTABLISHMENT  
WHERE PRINTS WERE TAKEN \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

Please forward copies of fingerprint check results received from the Michigan State Police Department as well as the CJIS Division of the FBI to:

Ruth Hassan  
Pinckney Community Schools  
2130 East M-36  
Pinckney, MI 48169

PLEASE COMPLETE THE FOLLOWING

I, \_\_\_\_\_, authorize Pinckney Community School District to obtain from  
\_\_\_\_\_ School District all information and reports about the criminal

record check conducted by them pursuant to Public Act 99, amended by Public Act 68.

I fully release the above named School District and Pinckney Community School District to the maximum extent permitted by law from any liability whatsoever in connections with either the release or use of the report required by P.A. 99, amended by Public Act 68.

\_\_\_\_\_  
Employee's Signature