



Belding Area Schools

The right size. The right choice.

IF YOU HAVE BEEN FINGERPRINTED AT ANOTHER SCHOOL DISTRICT, PLEASE COMPLETE THIS FORM

YOUR NAME _____

BIRTHDATE _____ TCN# _____

ADDRESS _____

CITY, STATE, ZIP _____

NAME OF SCHOOL FINGERPRINTED BY _____

Please forward background information to:

MAIL: Belding Area Schools
Attn: Kari Nichol
850 Hall Street
Belding, MI 48809

FAX: 616.794.4730

EMAIL: nicholk@bas-k12.org

Please fill out the following

RELEASE OF INFORMATION FORM

I, _____, authorize Belding Area School District
(applicant)

to obtain from _____ School District, all information and reports about the criminal record check conducted by the aforementioned school district pursuant to Public Act 99, amended by Public Act 68. I understand P.A. 99, amended by Public Act 68, requires this information. I fully release the aforementioned school district 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 Public Act 68.

Date

Signature