

CRIMINAL CONVICTION RECORDS RELEASE

South Lyon Community Schools
345 South Warren
South Lyon, Michigan 48178
Office: 248-573-8130
Fax: 248-437-8928

As a prospective contracted or District employee of South Lyon Community Schools, I understand that it is the employer's policy to secure conviction criminal history information as part of its pre-employment screening process using the information provided below.

Name (last, first, middle)		Birthdate
Maiden name/names previously used:		
Social Security #	Driver's License Number	State Issued
Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other _____ <i>(specify)</i>		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female

I understand that the above information is required by the Central Records Division of the Michigan State Police, Lansing, Michigan. I authorize South Lyon Community Schools to utilize the above information for the sole purpose of obtaining a conviction only criminal history file search, pursuant to the Michigan Freedom of Information Act (PA 422 of 1976) and/or PA 99 or 1992.

I understand that information gathered in this criminal history file search will be used by the South Lyon Community Schools in reaching employment decisions.

I was previously fingerprinted on _____ (date must be within the last 12 months) and authorize release of my prints and/or criminal history report form the following Michigan K-12 school district (please include school name and address): _____

I am a high school student under the age of 19 (fingerprints not required)

I am to be fingerprinted within 14 days of this date and I authorize release of my prints and/or criminal history report received from these prints to any Michigan K-12 school/district personnel department

Signature of prospective employee

Date