



**PERMISSION TO SHARE STATE OF MICHIGAN CRIMINAL HISTORY RECORDS & FEDERAL BUREAU OF INVESTIGATION (F.B.I) CRIMINAL HISTORY RECORDS**

*This form should be completed by applicants who had their fingerprints scanned for School Employment at a Michigan K-12 school district and have not had a lapse in service in the Michigan K-12 school system. If there has been a lapse in service, you will need to be re-fingerprinted.*

I hereby authorize \_\_\_\_\_  
Name of previous school district that has your fingerprint scan results

Contact Name: \_\_\_\_\_ Email or phone: \_\_\_\_\_  
(If you have this information)

its employees and agents to share information needed to access criminal history records received from law enforcement agencies pertaining to me with the Marquette-Alger Regional Educational Service Agency for the purpose of evaluating my qualifications as a candidate for employment. (*Employment is here further defined as full or part-time employment, registration as a substitute teacher or assignment to work in the district's facilities.*) I do hereby release the school district, its individual board members, employees, and agents, past and present, from any and all claims and/or liability whatsoever for any damages or consequences which may result from the pre-employment investigation, including the criminal records check, related to my consideration for employment with the Marquette-Alger RESA.

Email the TCN and name as it was entered in the CHRIS system for the person listed below to Melissa Peterson: [mpeterson@maresa.org](mailto:mpeterson@maresa.org)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Name (Please type or print)