



CRIMINAL CONVICTION HISTORY CHECK AND RELEASE FORM

501 W. University Drive Rochester, Michigan 48307 248.726.3000 Fax 248.726.3187

I understand that my conditional employment/involvement with the Rochester Community School District is subject to a criminal history check, and/or fingerprinting, that are satisfactory to the Rochester Community School District. I understand that the information below is required by the Michigan State Police and the FBI for the criminal conviction history/record check. I authorize the Rochester Community School District to utilize this information for the sole purpose of obtaining a criminal history/record check.

PLEASE PRINT LEGIBLY

OTHER I	Last NAME(s) or MAIDEN NAME: _	First	Middle	
OATE O	F BIRTH//	GENDER: □Male □Female	CONTACT PHONE #	
OSITIC	ON APPLIED FOR:	DEPARTMENT/CO	NTRACT COMPANY:	
RACE: (F	Please choose best option per	ICHAT system choices)		
 □Whit			American Indian or Alaskan Native	
ursuar	nt to Public Act 68 of 1993, I re	present that (you must check one)) :	
	I have not been convicted of, r any misdemeanor or felony.	or pled guilty or nolo contendere (no	contest) nor am the subject of a finding of guilt by a judge or jury	of
	I have been convicted of, nor p misdemeanor or felony.	oled guilty or nolo contendere (no con	ntest) nor am the subject of a finding of guilt by a judge or jury of a	ny
	I have pending criminal charges (misdemeanor or felony) and I am awaiting disposition as indicated below (use separate sheet if necessary			
unders	stand and agree that pursuant	to Public Act 68 of 1993 and Public	 c Act 83 of 1995:	
1.	·	ools Board of Education must request the FBI for all potential employees.	t a criminal history/record check from the Central Records Division	of
2.	Until the results of the crimina employment status is condition	·	nd reviewed by the Rochester Community School District, my	
3.	representation(s) above respec	-	ner the Michigan State Police or the FBI, are not the same as my ction(s) or any crimes of which I have been convicted, my nunity School District.	
Comple	ete one of the following:	·	,	
	employment (no break in servi		an K-12 school district and have maintained regular and continuoung fingerprinted. I authorize release of my fingerprints and/or crim	
	Approx. Date Fingerp	orinted:	TCN#	
	School District Information: Name			
	Phone	Address	City, Zip	
	I have been fingerprinted for the Rochester Community School District and the completed LIVESCAN Fingerprint Request (Form #3) is attached.			
	I am a student currently enroll		d or younger. I understand that fingerprints are not required, but I kground check using the Internet Criminal History Access Tool (ICF	łΑΤ).

SIGNATURE: _____