



**PUBLIC ACT 68 OF 1993 AND PUBLIC ACT 83 OF 1995
AUTHORIZATION FOR RELEASE OF FINGERPRINT/CRIMINAL RECORDS CHECK FROM LOCAL
SCHOOL DISTRICT**

The undersigned has indicated that a criminal records check was completed through the employment process at Brighton Area Schools. The candidate is requesting that this information be released to: _____

READ CAREFULLY - THIS DOCUMENT CONTAINS A RELEASE

Print Name _____ Male _____ Female _____
First/Middle/Last

Social Security # (last 4 digits) _____ Date of Birth _____

I hereby authorize the Brighton Area Schools and its employees and agents to forward a copy of my criminal records check for the purpose of evaluating my qualifications. I do hereby release Brighton Area Schools, 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. Send the copy of the criminal records check to:

Dated _____, 20__

Print Full Name of Candidate

Signature of Candidate