



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

The undersigned is a candidate for employment with Brighton Area Schools and has indicated that a criminal records check was completed through the employment process at your school district. The candidate is requesting that this information be released to Brighton Area Schools.

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 _____ and its employees
(School District in possession of your results)

agents to forward a copy of my criminal records check for the purpose of evaluating my qualifications as a candidate for employment with the Brighton Area Schools. 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. Send the copy of the criminal records check to:

**Brighton Area Schools
Human Resources Department
125 S. Church Street
Brighton, MI 48116
or
FAX: 810-299-4092**

Dated _____

Signature of Candidate

Dated, _____

Human Resources Compliance