



Department of Human Resources  
4864 Lapeer Road, Kimball, MI 48074  
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## AUTHORIZATION FOR RELEASE OF INFORMATION ON STATE AND FEDERAL FINGERPRINT SEARCH

Applicant Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Transaction Control Number (TCN) \_\_\_\_\_

Can be found on LiveScan Fingerprint Background Check Request form RI-030 that you signed at the time of fingerprinting or by contacting your previous school district.

I authorize (Agency ID) \_\_\_\_\_ to provide the results of  
(school district or former employer where fingerprints are on file)  
my criminal record check and any information regarding State and Federal fingerprint searches.

**Summit Management and East Shore Leadership Academy requires any information regarding State and Federal fingerprint searches, which are conducted on my behalf in the aforementioned school district.**

I release the school district from any liability for providing information on my fingerprint search and release Summit Management and its representatives from all liability for seeking such information.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_