

FINGERPRINT RELEASE FORM

Name: _____ Last 4 digits SS#: _____

Birthdate: _____ TCN: _____

ISD / School: _____

ISD or School Address: _____

City, State, Zip _____

Fingerprint contact name/email: _____

This signed Fingerprint Release Form authorizes fingerprint information to be forwarded or shared via CHRISS to:

**St. Joseph County ISD
62445 Shimmel Rd.
Centreville, MI 49032**

**ATTN: Pam Hagelgans,
Human Resources Assistant
Phone: 269-467-5312
Fax: 269-467-8089
Email: phagelgans@sjcisd.org**

Please complete the following:

I, _____, authorize the St. Joseph County ISD to obtain from the above stated school district (where fingerprints are maintained), all information and reports about the criminal record check maintained by said school district pursuant to Public Act 99, amended by Public Act 68. I understand this information is required by PA 99, amended by PA 68. I fully release the above state school district (where fingerprints are maintained) and the St. Joseph County ISD to the maximum extent permitted by law from any liability whatsoever in connection with either the release or use of the report required by PA 99, amended by PA 68.

SIGNATURE: _____ DATE: _____