



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 Landmark 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: _____