



NCA Accredited by the North Central Association of Colleges and Schools

ADMINISTRATION OFFICE
626 Phillips
Clawson, MI 48017

248.655.4400
248.655.4425 Fax
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FINGERPRINT RELEASE FORM

Your Name: _____

SSN (last 4 digits): _____ Date of Birth: _____

School District that has your Fingerprints: _____

TCN#: _____

I authorize the above-named district to release the results of my LIVESCAN criminal background check for school employment (SE) to Linda Gould, HR Director, Clawson Public Schools, via CHRISS or via:

Linda Gould, HR Director
Clawson Public Schools
626 Phillips Avenue
Clawson MI 48017

Fax: 248.655.4422

Email: Linda.Gould@clawsonschools.org

Signature

Date

The release of the above individual's Criminal History Report represents that the applicant has maintained "regular and continuous" employment with the releasing district.

Questions? Linda Gould: 248.655.4411