Holly Area Schools

Excellence in Action!

Fingerprint Release Form

Name (Please Print):	
Date of Birth:	Social Security Number (last 4 digits):
School District Fingerprinted For:	
Date Fingerprinted:	TCN:

I, _____ (your name) authorize Holly Area Schools to obtain from the above stated school district (where prints are maintained) all information and reports about the criminal record check maintained by said school district pursuant to Section 1230 of the Revised School Code and any other relevant statutes. I understand this information is required by Section 1230 of the Revised School Code and any other relevant statutes. I fully release the above stated school district (where prints are maintained) and Holly Area Schools to the minimum extent permitted by law from any liability whatsoever in connection with either the release or use of the report required by Section 1230 of the Revised School Code and any other relevant statutes.

_____ _____

Signature Date

Administration Office

14470 N Holly Rd.
Holly, Michigan 48442
Phone: 248-328-3100
Fax: 248-328-3145
www.hask12.org

Scott M. Roper, Superintendent
Michelle Szczechowicz, Executive Director of Academics
Linda Earl, Director of Business and Finance
Patricia Murphy-Alderman, Director of Human Resources
Jennifer Lauria, Director of Special Education