**REQUEST FOR FINGERPRINT RESULTS**

**TO BE RELEASED TO THE EVART PUBLIC SCHOOLS**

**Please complete this form only if you have:**

* **Been fingerprinted since January 1, 2006 for a MICHIGAN school district, and**
* **There has been NO BREAK in your employment since you were fingerprinted.**

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

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

Name and Address of School District that has Fingerprint Results on file:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I give \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name of School District) permission to release my fingerprint results to the Evart Public Schools.

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Applicant’s Signature Date

**PLEASE SEND/FAX/E-MAIL FINGERPRINT RESULTS TO:**

**Shelby Flint**

**Evart Public Schools**

**321 North Hemlock Street**

**Evart, MI 49631**

**Phone: (231) 734-5594 Fax: (231) 734-2931**

**Email:** **flints@evart.k12.mi.us**