

Algonac Community Schools

Administration

JOHN D. STRYCKER
Superintendent of Schools

ALAN LATOSZ
Asst. Superintendent

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AUTHORIZATION FOR RELEASE OF INFORMATION ON STATE AND FEDERAL FINGERPRINT SEARCH

Applicant Name: _____
(please print full legal name)

Social Security Number: _____
XXX-XX-
(last four digits)

I authorize _____ to provide
(school district or former employer where fingerprints are on file)

Algonac Community School District any information regarding State and Federal fingerprint searches, which were 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 Algonac Community School District and its representatives from all liability for seeing such information.

Applicant Signature: _____

Date: _____