



**ALPENA-MONTMORENCY-ALCONA  
EDUCATIONAL SERVICE DISTRICT**

Justin Gluesing, Superintendent

Human Resources Office  
2118 US 23 S.  
Alpena, MI 49707  
Phone: (989) 354-3101  
Fax: (989) 356-3385

**Fingerprint Disclosure Form**

The State of Michigan requires, prior to the start of your employment, that all non post-secondary workers are to be fingerprinted via an electronic process called *Livescan Fingerprinting*. This may also be a requirement at the college level. If you were fingerprinted after January 1, 2006, under the Michigan School Employment reason code (SE Print), those results may be used only if you have remained continuously active for employment at an educational institution.

To determine which fingerprint form to complete, please answer the following questions:

- |  |                          |                          |
|--|--------------------------|--------------------------|
|  | Yes                      | No                       |
| 1. Have you previously been fingerprinted for a school under the School Employment Act?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are your fingerprints currently maintained at a school, ISD, company or agency?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you worked in a K-12 school within the current or previous school year in Michigan with no separation from service? It is NOT considered to be a separation of service if the employee transfers to another school district, intermediate school district, public school academy, or non-public school and remains continuously employed by any school district, intermediate school district, public school academy, or non-public school in the state. | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered "NO" to any question above, you must be fingerprinted before you begin working for the AMA ESD. Please contact Lisa Krey to obtain a Livescan Fingerprint Release Form.

If you answered "YES" to all the above questions and the school, ISD, company or agency is willing to release your fingerprint results, please complete the form below and return to Lisa Krey at the AMA ESD:

**FINGERPRINT RELEASE FORM**

Approximate Date of Fingerprinting:		Last 4 Digits of Your Social Security Number:
Name (please print):		Maiden Name (if applicable):
Date of Birth:	TCN Number:	School District, ISD, Company or Agency Printed for:

This signed release authorizes fingerprint information to be forward to:

School District, ISD, Company or Agency: AMA ESD		Address: 2118 US 23 S.
Phone No: (989) 354-3101	Email Address: kreyjl@amaesd.org	Fax Number: (989) 356-3385

Please fill in the following:

I, \_\_\_\_\_ (your name) authorize \_\_\_\_\_ (school district) to release all information and reports about the criminal record check maintained by said school district pursuant to Public Act 99, amended by Public Act 68 to the AMA ESD. I understand this information is required by P.A. 99, amended by P.A. 68. I fully release that above stated school district and Alpena Public Schools to the maximum extent permitted by law from any liability whatsoever in connection with either release of use of the report required by P.A. 99, amended by P.A. 68.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)