

**FINGERPRINTS TRANSFER**

Please complete this section if your fingerprints are maintained at a school, ISD, or agency:

Name: \_\_\_\_\_  
ISD, School, or Agency Name: \_\_\_\_\_  
ISD, School, or Agency Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
ISD, School, or Agency Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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In connection with my application for employment through MEP Services, and pursuant to Section 1230b of the Revised Michigan School Code of 1976, Act No. 451 of the Public Acts of 1976. I, the undersigned, hereby authorize the above states ISD, School, or Agency to disclose to the academy below all the information and reports about the criminal record check maintained by said ISD, School, or Agency and to make available to the academy listed below copies of all documents related to said criminal record check.

I further release the above ISD, School, or Agency from any liability from providing the information described above and waive any written notice required under section 6 of the Bullard-Plawecki employee right to know act, Act No. 397 of the Public Acts of 1978, being second 234.506 of the Michigan Compiled Laws.

It is my understanding that the academy listed below will hold any information obtained in the course of this investigation will be held strictly confidential.

***Forward this fingerprint release and fingerprints to:***

Authorizer: Sharon Warren  
ISD or Agency Name: Grosse Isle Schools  
ISD or Agency Address: 23276 E River Road, Grosse Isle, MI 48138  
ISD or Agency Phone: 734.362.2581 Fax: 734.362.2594  
Authorizer Email: chri@gischools.org  
School: Morey Montessori Public School Academy

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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