



YALE PUBLIC SCHOOLS – AUTHORIZATION FOR RELEASE OF INFORMATION ON STATE & FEDERAL FINGERPRINT SEARCH

198 School Drive, Yale Michigan 48097 Phone: 810-387-3231 Fax: 810-387-4418

District Representative: Nichole Green (ngreen@ypsd.us)

Applicant Full Legal Name: _____
First Middle Last

Transaction Control Number (TCN*): _____

**Can be found on Live Scan Fingerprint Background Check Request form RI-030 that you signed at the time of fingerprinting or by contacting your previous school district.*

Date of Birth: _____ Last 4 Digits of SS Number: _____

I authorize _____ to provide the
(School district where fingerprints are on file)

results of my criminal history check to **YALE PUBLIC SCHOOLS.**

[If not in CHRIS; please send hard copy]

Signature

Date

Yale Public Schools is an Equal Opportunity Employer