

# FINGERPRINT RELEASE FORM

If you have been Livescan fingerprinted since January 1, 2006 and your record is maintained at another school or ISD and you have had continuous employment please complete this form.

Your Name: \_\_\_\_\_

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

Current ISD or School Name: \_\_\_\_\_

ISD or School Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

This signed release authorizes fingerprint information to be forwarded to:

**Kalamazoo RESA  
Human Resources  
1819 E. Milham Ave.  
Portage, MI 49002  
P: 269-250-9200 F: 269-250-9201**

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Please fill in the following:

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

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Signature

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Date