



13305 Reeck Rd, Suite 100 • Southgate, MI 48195
Phone 734-246-4600 • Fax 734-283-6791

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

*(Use this form for ANYONE who has
had fingerprints taken **since JANUARY 1, 2006**)*

Date

Name of School District where fingerprint results are located

Street Address

City, State, Zip

I hereby authorize _____ School District to
(Name of School District where fingerprint results are located)

release the results of my criminal history check (State and FBI) that was conducted
during the _____ school year.

I give permission to have my criminal record check faxed or sent to the following:

Southgate Community School District
ATTN: HUMAN RESOURCES DEPARTMENT
13305 Reeck Rd, Suite 100
Southgate, MI 48195
Fax: 734-283-6791

Printed Name

Social Security Number

Signature

Date