



Port Huron Schools

Advocate Innovate Educate

Department for Human Resources

2720 Riverside Drive, PO Box 5013 • Port Huron, MI 48061-5013

(810) 984-3101 • Fax (810) 272-4784 • www.phasd.us

AUTHORIZATION FOR RELEASE OF INFORMATION ON STATE AND FEDERAL FINGERPRINT SEARCH

Applicant Name _____
(print)

Social Security Number xxx-xx- _____

Date of Birth _____

Transaction Control Number (TCN)* _____

I authorize _____,
(School District where fingerprints are on file)

to provide the Port Huron Area School District any information regarding State and Federal fingerprint searches, which were conducted on my behalf in the aforementioned school district.

I release the school district from any liability for providing information on my fingerprint search and release Port Huron Area School District and its representatives from all liability for seeking such information.

Applicant Signature _____

Date _____

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

We will **advocate** for our students and families in partnership with our community to assure their success inside and outside of school; continuously **innovate** our practices and programs to improve student achievement; and **educate** in ways that are relevant, relationship driven, and rigorous.

The Board of Education does not discriminate on the basis of race, color, national origin, sex, (including sexual orientation and transgender identity), disability, age, religion, height, weight, marital or family status, military status, ancestry, genetic information or any other legally protected category, (collectively, "Protected Classes"), in its programs and activities, including employment opportunities.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER