LIVONIA PUBLIC SCHOOLS 15125 Farmington Road, Livonia, MI 48154 AUTHORIZATION FOR DISCLOSURE OF INFORMATION

PLEASE PRINT Applicant's Name		
FIRST	(M.I.)	LAST
MAIDEN NAME (IF APPLICABLE)		SOCIAL SECURITY NUMBER
Position applying for		
I hereby authorize: (Current/Previous employer's name and	address; one employer p	per form)
the Employer to contact all my former and current employers, and my performance record and work, academic, and/or milita		, and the other references I have provided regarding mo
I hereby authorize my current and former employers to disclosured and whether or not included in my personnel record, including me, and to make available to the School District copies of all on not limited to, documents relating to any unprofessional conduction.	g, but not limited to, any documents, whether or r	information concerning any unprofessional conduct by
"Unprofessional conduct" means one or more acts of miscond behavior involving a minor, or commission of a crime involving whether or not a particular act constitutes unprofessional con	ng a minor. A criminal o	conviction is not an essential element of determining
I also hereby release the Employer and its employees and ager the other references I have provided from any and all liability and my performance record and work academic, and/or militate to Know Act, 1978 PA397, to receive written notice from the reprimand, or other disciplinary action taken against me while	and damages for releasi ary experience. I also he Employer or any former	ng, in good faith, or using information concerning me reby waive any right under the Bullard-Plawecki Right or current employer that disciplinary reports, letters or
Applicant's Signature		Date
NOTE TO CURRENT/PREVIOUS EMPLOYER: Public and all information relating to unprofessional conduct contain this request. If we do not receive information from you within your failure to respond as an indication that no information or substantiated unprofessional conduct.	ned within the above nan in the required twenty (2)	ned person's personnel file within 20 days of receipt of 0) days after receiving this request, we will consider
The Act provides that "an employer or an employee acting on faith is immune from civil liability for the disclosure".	n behalf of the employer	who discloses information under this section in good
PLEASE RETURN RESPONSE TO: Mr. Anthony Abbate, Director of Personnel & District Ser	ervices, Livonia Public	Schools 15125 Farmington Rd., Livonia, MI 48154
Thank you for your assistance. If you have questions or conc	erns, please contact the	Livonia Public Schools at (734) 744-2521.
☐ I certify that <u>no documentation of unprofessional cond</u>	duct exists within the a	bove named person's personnel file.
☐ I <u>have enclosed items</u> relating to unprofessional condu	ıct.	
Signed for the Employer by		_Date
T:tla		