# **EVART PUBLIC SCHOOLS**

P.O. Box 917 321 N. Hemlock Street Evart, Michigan 49631 Phone: 231-734-5594

Fax: 231-734-2931

### DISTRICT MISSION STATEMENT

The Evart Public Schools with the community will prepare all students to be successful in an ever-changing world

# REQUEST FOR FINGERPRINT RESULTS TO BE RELEASED TO THE EVART PUBLIC SCHOOLS

## Please complete this form only if you have:

- Been fingerprinted since January 1, 2006 for a MICHIGAN school district, and
- There has been NO BREAK in your employment since you were fingerprinted.

Name of Applic	ant:			
	First	Middle	Last	
Date of Birth: _		Phone #:		
Name and Add	ress of <u>School Dis</u>	trict that has Fingerpr	rint Results on file:	
			·	
(Name of S	ichool District with fing	gerprint results)	ssion to release my finger	print
Applicant's Signature			Date	

#### PLEASE FAX OR E-MAIL FINGERPRINT RESULTS/TCN# TO:

**Evart Public Schools ATTN: Debra Eisenga** 

PO Box 917, 321 North Hemlock Street

Evart, MI 49631

Phone: (231) 734-5594 Fax: (231) 734-2931

Email: eisengad@evartps.org