



MACOMB INTERMEDIATE SCHOOL DISTRICT ARRAIGNMENT DISCLOSURE FORM

Name (Please Print)

Position (Please Print)

School Name (Please Print)

School District (Please Print)

Date of Arraignment

Pursuant to Public Act 131 of 2005, I hereby disclose that I was arraigned on the aforementioned date for the criminal offense of _____ in _____ Court, located in the State of _____ County of _____.

In signing this form, I acknowledge that I understand that failure to disclose this information is a violation of Public Act 131 and can result in action being taken relative to my certification and/or employment.

In signing this form, I acknowledge that I understand that should I be convicted of or pled guilty or nolo contendere (no contest) or is the subject of finding of guilt by a judge or jury, it is my responsibility to disclose to the court that I am employed by a school, public or non-public. I also understand that if I am subsequently not convicted of any crime after the completion of judicial proceedings resulting from that charge, I must request, in writing, that the Michigan Department of Education and the employing school/district delete the report from my records.

Signature

Date

Send to Human Resources: Fax (586) 286-4420 and Michigan Dept of Education (Stephanie Whiteside)

Fax: (517) 373-0542 within 3 days of arraignment or mail form to:

Dr. Flora Jenkins, Director
Office of Professional Preparation Services
P.O. Box 30008
Lansing, MI 48909