

## Arrest Disclosure Form

A copy of this form must be provided to the employing school district, intermediate school district, public school academy, or non-public school and the Michigan Department of Education within three business days of arraignment.

Name (please print) \_\_\_\_\_ Date of Birth \_\_\_\_\_

School Name \_\_\_\_\_

School District \_\_\_\_\_

Position \_\_\_\_\_

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

In signing this form, I acknowledge that I understand that should I be convicted of, or plead guilty or nolo contendere (no contest), or am the subject of a 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 nonpublic. 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 Form to:

Director  
Michigan Department of Education  
Office of Professional Preparation Services  
P.O. Box 30008  
Lansing, MI 48909