

Educational Service Center

4228 Two Mile Road Bay City, MI 48706-2324 Phone: 989.686.4410 Fax: 989.667.3286

TO:		
		_
		_
		_
RELEASE O	F CRIMINAL CON	IVICTION RECORD
It is my request that copies of my C Bay-Arenac ISD Human Resource of attention of Robyn Kuehne, 4228 To	department either by w	ay of the CHRISS system or post mail to the
Current CHRISS system users, plea a sharing request will be made throu	*	ing TCN number to kuehner@baisd.net and m.
If sending by post mail, please stam	p the report "copy" and	d the mailing envelope "confidential."
My signature on this document contreport and my voluntary participation	•	for release of the criminal conviction record iction record check process.
Print Name		Date
Signature		Date of Birth