



ICHAT FORM FOR LIVONIA PUBLIC SCHOOLS

Please complete the ICHAT form below.

This will verify your fingerprints results have not changed due to any arrests and convictions.

I agree that **Livonia Public Schools** may conduct or have conducted by an individual or entity of its choice, a conviction only criminal check on me. I hereby consent to this search being conducted, and to the disclosure of the results of the search to the individual or entity conducting the search to the School District. I understand and acknowledge that the criminal convictions may result in disqualification from serving as an employee.

Mr.

Mrs.

Ms.

Date of Birth: ____/____/____

Print Name (as shown on Driver's License) _____

Signature

Date

All of the above items must be filled out, and any changes made to the form will nullify this form.

FINGERPRINT RELEASE AUTHORIZATION

Holder of your of your fingerprints _____

Resa or Name of School District

TCN NO: _____ Printed on ____/____/____

Please release my fingerprints to:

LIVONIA PUBLIC SCHOOLS

HUMAN RESOURCES

15125 FARMINGTON ROAD

LIVONIA, MI 48154 HOME NO.: (734)734-744-2568

FAX NO.: (734)744-2570

Signature

Date