



Port Huron Schools

Advocate Innovate Educate

Department for Human Resources

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AUTHORIZATION FOR RELEASE OF INFORMATION ON STATE AND FEDERAL FINGERPRINT SEARCH

Applicant Name _____
(print)

Social Security Number _____

I authorize _____ to provide
(school district or former employer where fingerprints are on file)

The Port Huron Area School District any information regarding
State and Federal fingerprint searches, which were conducted
on my behalf in the aforementioned school district.

I release the school district from any liability for providing information on my
fingerprint search and release Port Huron Area School District
and its representatives from all liability for seeking such information.

Applicant Signature _____

Date _____