

*Chippewa Hills*

3226 Arthur Road  
Remus, Michigan 49340-9542  
www.chsd.us



*School District*

Superintendent Office: 989-967-2000  
Business Office: 989-967-2010  
Fax: 989-967-2009

**REQUEST FOR FINGERPRINT RESULTS  
TO BE RELEASED TO CHIPPEWA HILLS**

**Complete this form if you have:**

- **Been fingerprinted since January 1, 2006 for a MICHIGAN school district, and**
- **There has been NO BREAK in your employment since you were fingerprinted.**

Name of Applicant (please print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name and Address of School District That Has Fingerprint Results on File:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I give \_\_\_\_\_ permission to release my fingerprint results to  
Name of School District

the Chippewa Hills School District.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**PLEASE SEND/FAX/EMAIL FINGERPRINT RESULTS TO:**

Linda May  
Chippewa Hills School District  
3226 Arthur Rd.  
Remus, MI 49340  
Phone: (989) 967-2000  
Fax: (989) 967-2009  
Email: lmay@chsd.us