

Arraignment Disclosure Form

Tuscola Intermediate School District

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, Office of Educator Excellence, within three business days of arraignment.

PLEASE PRINT

Name Address

City State Zip Code

School Name School District

Position Date of Arraignment

Pursuant to Public Act 131 of 2005, I, hereby disclose that I was arraigned on the
aforementioned date for the criminal offense of _____
in _____ the District/Circuit Court (identify which court)
_____ located in the State of _____,
County of _____.

In signing this form, I acknowledge that I understand that should I be convicted of or pled guilty or nolo contendere (no contest) or is the subject of 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 non-public. 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.

In signing this form, I acknowledge that I understand that failure to disclose this information is a violation of Public Act 131 and can result in action being taken relative to my certification and/or employment.

Signature Date

**Send Form to: Leah Breen, Director
Office of Educator Excellence
Michigan Department of Education
P.O. Box 30008
Lansing, Michigan 48909**