

**Marysville Public Schools District  
Arraignment Disclosure Form**

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
(Position)

\_\_\_\_\_  
School Name (Please Print)

\_\_\_\_\_  
Date of Arraignment (Please Print)

Pursuant to Public Act 131 of 2005, I, hereby disclose that I was arraigned on the  
aforementioned date for the criminal offense of \_\_\_\_\_ in  
\_\_\_\_\_ Court, located in the State of  
\_\_\_\_\_, County of \_\_\_\_\_.

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.

In signing this form, I acknowledge that I understand that should I be convicted of or pled guilty or nolo contendere (no contest) nor am I the subject of a 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Send Form To:**

Shawn K. Wightman, Ed.D.  
SUPERINTENDENT  
Marysville Public Schools  
495 E. Huron Blvd.  
Marysville, MI 48040

**-and-**

Director  
Michigan Department of Education  
Office of Educator Excellence  
P.O. Box 30008  
Lansing, Michigan 48909