

**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-

Dr. Flora L. Jenkins, Director
Office of Professional Preparation Services
P.O. Box 30008
Lansing, Michigan 48909