

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:

Tracie Eschenburg
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