

NAME OF ACADEMY \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**UNPROFESSIONAL CONDUCT DISCLOSURE**  
**AUTHORIZATION, RELEASE AND WAIVER**

This document is to be signed pursuant to the Revised School Code (as amended by act 189 of 1996) before hiring any job applicant.

In connection with my application for employment with \_\_\_\_\_

1. I hereby **AUTHORIZE** my current employer(s) and any and all of my former employers to:  
(a) disclose to \_\_\_\_\_ any “unprofessional conduct” by me,  
and (b) make available to \_\_\_\_\_ copies of all documents in  
my personnel record relating to such “unprofessional conduct”;
2. I hereby **RELEASE** my current and former employer(s), together with their respective  
employees acting on the behalf, from any liability providing “unprofessional conduct”  
information or documents to \_\_\_\_\_; and
3. I hereby **WAIVE** any written notice to which I may otherwise be entitled, as stated in the  
Bullard-Plawecki Employee Right-to-Know Act/MCL 423.506 upon disclosure of any such  
“unprofessional conduct” information provided by my former employer(s).

I understand that if I am employed by \_\_\_\_\_, after  
signing this form but before the authorized disclosures are received by  
\_\_\_\_\_, my employment is contingent upon receipt of  
acceptable disclosures.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NAME OF FORMER EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ DATES OF EMPLOYMENT: \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_

NAME OF FORMER EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ DATES OF EMPLOYMENT: \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_

NAME OF FORMER EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ DATES OF EMPLOYMENT: \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_

NAME OF FORMER EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ DATES OF EMPLOYMENT: \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_