



CHIPPEWA VALLEY SCHOOLS

19120 Cass Avenue, Clinton Township, MI 48038
(586)-723-2000 FAX (586) 723-2001

“Chippewa Valley Schools...preparing students today for the challenges of tomorrow”

Mr. Mark F. Deldin
Superintendent

EXHIBIT C

Charge/Arraignment Disclosure Form

A copy of this form must be provided to the Chippewa Valley School District and the Michigan Department of Education by the employee within three (3) business days of the charge and/or arraignment referenced below.

Name _____ Date of Birth _____ (Please print)

Address _____ (Please print)

School Name/District _____ (Please print)

Position _____ (Please print)

Date of Arraignment/Charge _____ (Please print)

Pursuant to Public Act 131 of 2005, I hereby disclose that I was charged and/or arraigned (circle one) 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 and could result in an additional felony or misdemeanor charge against me.

In signing this form, I acknowledge that I understand that should I be convicted of or plead guilty or nolo contendere (no contest) or am 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 the Chippewa Valley School District. 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 Chippewa Valley School District delete the report from my records.

Date _____ Signature _____

Send form to: Dr. Flora L. Jenkins, Director
Office of Professional Preparation Services
P.O. Box 30008
Lansing, MI 48909