Whiteford Agricultural School District
Office of the Superintendent
6655 Consear Road
Ottawa Lake, MI 49267
PHONE: 734.856.1443
FAX: 734.854.6463

ARRAIGNMENT DISCLOSURE FORM

Name: _____

District Name: **WHITEFORD AGRICULTURAL SCHOOL DISTRICT**

Position: _____

Date of Arraignment: _____

Pursuant to MCLA 380.1230d, 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 MCLA 380.1230d 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 plead guilty or nolo contendere (no contest) or am found guilty by a judge or jury, it is my responsibility to disclose to the court, on a form provided by the court, that I am employed by a public school. I also understand that I must provide a copy of that report to the Superintendent of Public Instruction and to the Superintendent of my employing 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 employing school district delete the report from my records.

_____ _____

Signature Date

Within three (3) days of arraignment, send or fax to Superintendent (734.854.6463) AND to the Michigan Department of Education (517.373.0542).