

DUNDEE COMMUNITY SCHOOLS  
Office of the Superintendent  
420 Ypsilanti Street  
Dundee, Michigan 48131  
734-529-2350 FAX 734-529-5606  
www.dundeecommunityschools.org

## **ARRAIGNMENT DISCLOSURE FORM**

**Name:** \_\_\_\_\_

**District Name:** DUNDEE COMMUNITY SCHOOLS

**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 (734-529-5606)  
AND to the Michigan Department of Education (517-373-0542)**