

**ARRAIGNMENT DISCLOSURE FORM**  
**Please Print**

**Employee Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**District Name** \_\_\_\_\_

**Position** \_\_\_\_\_

**Location** \_\_\_\_\_

**Date of Arraignment** \_\_\_\_\_

Pursuant to Section 380.1230d of the Revised School code, 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 should I be convicted of, or pled guilty or nolo contendere (no contest) or is the subject of finding of guilt by a judge or jury, it is my responsibility to disclose to the court that I am employed by a public school, public or non-public. I also understand that if I am subsequently not convicted or 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