

School Personnel Conviction Disclosure Form

Immediately upon conviction for an [enumerated offense](#), any school employee, or staff person who is regularly and continuously under contract must report those charges to the Michigan Department of Education.

First Name: _____ Middle Name: _____ Last Name: _____
 Date of Birth: _____ Race/Ethnicity: _____ Gender: _____
[PIC \(if available\)](#): _____ Email: _____ Phone Number: _____
 Current Address: _____ School/District: _____
 Position(s) at the District: _____

Conviction Information

All convictions should include a description (e.g., 50.520e Criminal sexual conduct in the fourth degree; 257.625 Operating motor vehicle while intoxicated, third offense). Attach additional convictions on a separate page. Note: do not report civil infractions (e.g., speeding tickets, parking tickets, etc.).

Felony Misdemeanor/Civil Ordinance Date of Conviction: _____

Conviction Description: _____

Felony Misdemeanor/Civil Ordinance Date of Conviction: _____

Conviction Description: _____

Felony Misdemeanor/Civil Ordinance Date of Conviction: _____

Conviction Description: _____

Signature: _____

Today's Date: _____

Complete this form in its entirety and email to MDE-Professional-Practice@Michigan.gov.