

Adult Education

MAINE SCHOOL ADMINISTRATIVE DISTRICT NO. 1

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• TELEPHONE (207) 764-4776

My signature below gives you permission to conduct an SBI check. I understand that I cannot participate in the referee certification process until the SBI check has been returned to you.

Falsification of information of this application is reason for dismissal.

Signature _____ Date _____

Please print name _____

Date of Birth: _____

Social Security # _____