

Payment confirmation No.  
(Credit Card)

TCN

Fingerprinting Technician



## Fingerprinting Information Form

Date: \_\_\_\_\_

**Driver's License or Photo I.D. Required**

**Fingerprint Fee: \$57.25**

**Method of Payment:**

Visa/MasterCard     Money Order     Payroll Deduction \*

\* Payroll Deduction is not available for School Board substitute, temporary (including coaches), or charter school employees.

**Reason for Fingerprinting:**

School Board employment at: \_\_\_\_\_ (department or school name)

Job Title: \_\_\_\_\_

Charter School employment at: \_\_\_\_\_ (charter school name)

College/University intern or practicum student: \_\_\_\_\_  
(college / university name)

License: \_\_\_\_\_ (please specify type)

Other: \_\_\_\_\_ (please specify)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Employee ID No. / Social Security No.: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_  
(area code)

Date Of Birth: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Eye Color: \_\_\_\_\_

Race: \_\_\_\_\_

Height: \_\_\_\_\_

Sex:  Male  Female

Weight: \_\_\_\_\_

***The above information is confidential and  
will be used for fingerprinting purposes only.***