



**Contractual/Vendor Personnel
Fingerprinting Information
(Please Print)**

Driver's License or Photo I.D. Required

Fingerprint Fee: \$81.25

Method of Payment: Visa/MasterCard Money Order

Date: _____

Company Name: _____

Services to be provided at: _____
(Name of School or Worksite)

Last Name: _____ First Name: _____

Middle: _____ Maiden Name: _____

Social Security No.: _____ Telephone No.: _____

Street Address: _____ Apt. No: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Hair Color: _____

Place of Birth: _____ Eye Color: _____

Race: _____ Height: _____

Gender: male female Weight: _____

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