



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION

Fingerprint Records
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REQUEST FOR ELECTRONIC APPLICANT SUBMISSION**CONTRIBUTING AGENCY INFORMATION**

ORI WA920310Z	FEE 109140027 (\$45.25)
REASON FINGERPRINTED School District Employees/Contractors/28A.400 RCW	
ORIGINATING CONTRIBUTING AGENCY (OCA) ASSIGNED NUMBER OSPI-	
CONTACT NAME Faith Knight	CONTACT TELEPHONE NUMBER (360) 370-7904

APPLICANT INFORMATION

*NAME LAST FIRST MI			*PLACE OF BIRTH	
ALIAS			SOCIAL SECURITY NUMBER (OPTIONAL) XXXX - XXX - XXXX	
*DATE OF BIRTH		*RACE		*SEX <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown
*EYE COLOR	*HAIR COLOR	*HEIGHT		*WEIGHT
HOME ADDRESS		CITY	STATE	ZIP
SCHOOL DISTRICT OR PRIVATE SCHOOL EMPLOYER NAME San Juan Island School District		OR CERTIFICATION APPLICANT <input type="checkbox"/> Yes <input type="checkbox"/> No		
EMPLOYER ADDRESS O Box 458, Friday Harbor, WA 98250		CITY	STATE	ZIP
*MANDATORY COMPLETION				

LIVE-SCAN SITE INFORMATION

ORI NUMBER	LEVEL OF SERVICE <input type="checkbox"/> State Search <input type="checkbox"/> FBI Search <input type="checkbox"/> Both
If resubmission, original TCN Number:	
NAME OF LIVE SCAN OPERATOR	DATE
ORIGINAL – OSPI SECOND COPY – Applicant	