



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION

Fingerprint Records
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REQUEST FOR ELECTRONIC APPLICANT SUBMISSION

CONTRIBUTING AGENCY INFORMATION

Form with fields: ORI (WA920310Z), FEE (109140027 (\$45.25)), REASON FINGERPRINTED (School District Employees/Contractors/28A.400 RCW), ORIGINATING CONTRIBUTING AGENCY (OCA) ASSIGNED NUMBER (OSPI-), CONTACT NAME (Cynthia Luna McVeigh), CONTACT TELEPHONE NUMBER ((360) 370-7904)

APPLICANT INFORMATION

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

LIVE-SCAN SITE INFORMATION

Form with fields: ORI NUMBER, LEVEL OF SERVICE (State Search, FBI Search, Both), If resubmission, original TCN Number:, NAME OF LIVE SCAN OPERATOR, DATE, ORIGINAL - OSPI, SECOND COPY - Applicant