	Date:		
	VECHS PROGRAM		
e	eminole County Public Schools		
	•		
F	ingerprint Data Request Form		
	ORI# FL931650Z		
Wai	ver Agreement Must Be Attached		
☐ Mentor (No Cost)	School:		
□ Volunteer Coach	School:		
☐ Tutor (No Cost)	School:		
□ Random (No Cost)	School:		

APPLICANT INFORMATION

☐ Overnight Chaperone School: _____

PLEASE PRINT	Are any fingers missing or banda	ged? 🗌 No 🔲 Yes	5	
Name: Last:	First:	Middle:		
Social Security Number: Alias/ Maiden Name:				
Email:	D	ate Of Birth:		
Gender:		Year Month	Day	
Race: Asian/Pacific Islander	Black Caucasian/Latino	□Native American/Eskimo	☐ Unknown	
Height:FtInches Weight:Ibs				
Eyes: 🔲 Blue 🔲 Brown 🗍 Gray 🔲 Green 🗎 Hazel 🔲 Black 🔲 Maroon 🗀 Pink 🗖 Multicolor 🗀 Unknown				
 Hair: □Black □ Blonde/Strawberry □ Brown □ Gray □ Red □ Bald □ Sandy □ White □ Pink □ Orange □ Purple				
Place of Birth (State) If outside of U.S (Country):				
Home Address: City:				
State: Zip Code: Telephone Number:				
Drivers' License Number/ Identification: State Issued:				
Fingerprint Tech:	Date Fingerprinted:	TCN# 70EC	C59 C59A C59B	
Date 2 nd Print Requested:	Resubmis	Resubmission IFCS#:		
Fingerprint Tech-Resubmission:	Date Fingerprinted-Resubmiss	ion: New TCN#:		
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