

Name of Person Fingerprinted (please print): _____ Date: _____

Personal Information (completion of this information is mandatory):

Gender: ___ Female ___ Male ___ Unknown

Race: ___ (A) Asian or Pacific Islander
___ (B) A person having origins in any of the black racial group
___ (I) American Indian, Eskimo, or Alaskan Native
___ (W) Caucasian, Mexican, Puerto Rican, Cuban, Central or South American
___ (U) of undeterminable race

Eye Color: ___ BLK Black ___ BLU Blue ___ BRO Brown ___ GRY Gray
___ GRN Green ___ HAZ Hazel ___ MAR Maroon ___ PNK Pink
___ MUL Multicolored ___ XXX Unknown

Hair Color: ___ BLK Black ___ BLU Blue ___ BRO Brown ___ GRN Green
___ ONG Orange ___ PNK Pink ___ SDY Sandy ___ WHI White
___ PLE Purple ___ RED Red or Auburn ___ GRY Gray or Partially Gray
___ BLN Blond or Strawberry ___ XXX Completely Bald

Height: ___ Feet ___ Inches **Weight** in pounds: _____

I certify the information I have provided on this form to be accurate.

Signature of Person to be Fingerprinted: _____

Date form completed: _____

FOR ESD 105 OFFICE USE ONLY

Reason for printing: ___ Electronic Submission ___ Print on WSP Card

Payment in form of: ___ Cash ___ Certified Check ___ Money Order

___ School District Purchase Order (Enter Purchase Order Number): _____

(Enter name of District) _____

Total Amount Received: _____ **ESD Receipt No.** _____

Date fingerprinted: _____ **Date reprinted, if applicable:** _____

Name of ESD 105 employee processing prints: _____