

## Fingerprinting Reprint for Rejected Fingerprints

If you have received notice that your fingerprints were rejected, the following process should be followed.

Call to schedule an appointment for reprinting. Call (509) 575-2885 and ask for fingerprint scheduling.

Complete this form and take it with you to your fingerprint appointment. It is required to activate the fingerprint process. You will need to have a form of identification with you (i.e. driver's license, passport, etc.) and present it at the time of your appointment.

Be sure to bring the rejected cards or the rejection notice with you to your fingerprint appointment.

**If the prints were originally taken and processed through ESD 105**, there will be no additional charge for reprints unless you lost or misplaced your rejected cards or notice and do not have it with you.

**If the prints were originally taken and processed through another agency**, then you will need to **pay the \$30.00 ESD Fingerprinting fee**. This may be paid **by a bank certified check or money order made payable to ESD 105, or with cash for the exact amount of the required fee**. *Personal checks are not accepted*. Other charges may apply if you do not have rejected cards or a rejection notice with you at the time of your fingerprint appointment. You **will also be required to complete the "Individual Information Form for Electronic Fingerprinting."**

**Name of Person to be Fingerprinted** (please print and include full name):

\_\_\_\_\_

Last Name	First Name	Middle Name
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**Social Security Number (Optional):** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Day Phone Number: \_\_\_\_\_

**Your current address:** \_\_\_\_\_

Street address	Apartment #
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\_\_\_\_\_

City	State	Zip Code
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I certify the information I have provided on this form to be accurate.

Signature of Person to be Fingerprinted: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR ESD 105 OFFICE USE ONLY**

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

**Payment in form of:**     Not required, ESD 105 reprint     Cash     Certified Check     Money Order

School District Purchase Order    Enter Purchase Order Number: \_\_\_\_\_

(Enter name of District) \_\_\_\_\_

**Total Amount Received:** \_\_\_\_\_ **ESD Receipt No.** \_\_\_\_\_

**Date of original fingerprinting:** \_\_\_\_\_ **Date reprinted:** \_\_\_\_\_

Name of ESD 105 employee processing prints: \_\_\_\_\_