

SCSU FINGERPRINT REQUEST FORM

Note to Employee: Have applicant/volunteer take this completed form to the Office of University Public Safety.

TO: University Public Safety

FROM: _____, SCSU employee

RE: _____, Applicant/Volunteer

To comply with the required Minnesota Child Protection Background Check, I am requesting the applicant's/volunteer's fingerprints be rolled on a FBI card. The block labeled "Reason Fingerprinted" should be filled in to read: **Minn. Stat. 299C.62**. The block labeled "YOUR NO. OCA" should be filled in to read: **T122553135**. All blanks requesting applicant/volunteer information, including social security number, must be filled in or else the request cannot be processed.

Please either give the completed card back to the applicant/volunteer for him/her to return it to me or send it in campus mail to my campus address:

as soon as possible. Thank you.

(Minn. Stat. §299C.60, et seq.)

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Msoffice/mydocuments/wilson/drafts/SCSUFingerprintRequestForm