

## Fingerprint Consortium Agreement Attachment 1 | Signature Page

### DISTRICT INFORMATION

District Name: \_\_\_\_\_

Superintendent / Principal: \_\_\_\_\_

Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### ACKNOWLEDGEMENT AND SIGNATURE

In consideration of the covenants, conditions, and promises in and for good and valuable consideration and the mutual benefits to be derived from the Agreement, the above-named Party has reviewed, and understands and hereby enters into the Agreement. The above-named Party understands and agrees that the Agreement is between and amongst the Parties that have executed their respective Signature Form.

The person executing below on behalf of the above-named Party represents that he/she is authorized to execute on behalf of and to bind the Party to the Agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Completed form must be received prior to scheduling first appointment and/or viewing confidential information.  
Please email to the FCSS Fingerprint Technician.**