

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.**