

Fingerprint Consortium Agreement Amendment No. 1 | Signature Page

DISTRICT INFORMATION

District Name: _____

Superintendent / Principal: _____

Title: _____

Phone: _____

Email Address: _____

Mailing Address: _____

Physical Address if different: _____

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 Amendment No. 1 to the Fingerprint Consortium Agreement, the above-named Party has reviewed, and understands and hereby enters into the Amendment No. 1. The above-named Party understands and agrees that the Amendment No. 1 is between and amongst the Parties that have executed their respective Signature Pages to Amendment No. 1. 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 Amendment No.1.

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.**