Fresno County Superintendent of Schools

Dr. Michele Cantwell-Copher
Superintendent

Personnel Designation Form To Fingerprint Consortium Agreement

(Additional Page)

District Name _____

Additional Designated Personnel *(if applicable)*

Name: _____ Confidentiality Statement: ☐ Attached ☐ On File

Email Address: _____ Phone Number: _____ Ext. _____

Permission Level: ☐ Email Notifications ☐ Review Records ☐ Schedule Appointments ☐ Fingerprint Look Up

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Superintendent Authorization

The above persons are designated to receive notice from FCSS. The notices will inform the Designated Personnel that FCSS has received from the California Department of Justice criminal history records or reports of subsequent arrest and, or a subsequent disposition of an existing employee or volunteer, or a person who has applied for and is being considered by the above-named District for an employment or volunteer position with the District.

Name of Superintendent	Signature of Superintendent	Date

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

HR USE ONLY

FP Portal: _____ Emailed Dist: _____