

Personnel Designation Form To Fingerprint Consortium Agreement

District Name _____

Designated Personnel (*Required)

Superintendent (or) Principal Name: _____ Confidentiality Statement: Attached On File
 Email Address: _____ Phone Number: _____ Ext. _____

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

*Superintendent/Principal Designee: _____ Confidentiality Statement: Attached On File
 Email Address: _____ Phone Number: _____ Ext. _____

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

***Main Fingerprint Contact Person:** _____ Confidentiality Statement: Attached On File
 Email Address: _____ Phone Number: _____ Ext. _____
 Permission Level: Email Notifications Review Records Schedule Appointments Fingerprint Look Up

***Quarterly Billing Recipient:** _____ Confidentiality Statement: Attached On File
 Email Address: _____ Phone Number: _____ Ext. _____
 Permission Level: Email Notifications Review Records Schedule Appointments Fingerprint Look Up

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

Name: _____ Confidentiality Statement: Attached On File
 Email Address: _____ Phone Number: _____ Ext. _____
 Permission Level: Email Notifications Review Records Schedule Appointments Fingerprint Look Up

Name: _____ Confidentiality Statement: Attached On File
 Email Address: _____ Phone Number: _____ Ext. _____
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**If additional names need to be added, please use additional page*

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: _____

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