

Live Scan Request Form – VPK Instructors

Date: _____

Applicant Name: _____

Director___ VPK Teacher___ VPK Asst.___ Non-VPK Teacher/Asst.___
Substitute_____ Resource Teacher _____ Support Staff_____ Volunteer_____

SS#: _____

Applicant Home Address: _____

(City) (State) (Zip)

Applicant Alias Name: _____

Applicant Race: _____ Applicant Legal Gender: _____

Applicant Date of Birth: _____

Applicant Place of Birth: _____

Applicant Eye Color: _____ Applicant Hair Color: _____

Applicant Height: _____ Applicant Weight: _____

Facility Name/Address: _____

Facility OCA# _____

ORI: FL921781Z

Cost: \$40.00 cash or money order (NO CHECKS).

YOU MUST MAKE AN APPOINTMENT w/ ELC at 208-2040 ext. 217, 219, or 228

Fingerprinting location: ELC Office at 8301 Cypress Plaza Dr., Suite 201, 32256