Scoot Education Inc
LV@scoot.education | 775-507-3344

FINGERPRINT REQUEST FORM

Please provide this form to the fingerprint technician/official at the time the fingerprints are taken to ensure that all fields contain the required/authorized information needed for processing. ***Applicants without a Fingerprint Request Form or with an incomplete Fingerprint Request Form may be denied fingerprinting until all applicable information is received.***

Fingerprint technician, please ensure that you see photo ID for identity verification purposes prior to fingerprinting.

Applicant Information:

Name (Last, First, MI): _____

Address: _____

City, State and Zip: _____

Date of Birth: _____ Place of Birth: _____

SSN (if required): _____ Citizenship: _____

Sex: _____ Race: _____ Height: _____ Weight: _____ Eyes: _____ Hair: _____

Authorized Entity Information:

Account Number (MNU): 152766 ORI: NV920695Z

Applicant Responsible for Fees: [x] **--OR--** Bill to Account Number (MNU) _____

Reason Fingerprinted (NRS or Public Law) NCPA/VCA

Submit Fingerprints Electronic LiveScan: x **Yes** No
If NO, please print hard cards and return to applicant for manual submission.

****Signature of Authorization:** James Sanders
(Signature of Employer or Authorized Entity requesting fingerprints)

Fingerprint Site Information:

Signature of Official Taking Prints: _____

TCN Number (used for tracking purposes): _____