



Counter Registration / Fingerprint Form
Applicant – Please Print Legibly and Complete ALL Fields
Please Note: This will serve as your receipt.

Date _____

Name _____
Last Name First Name Middle

Phone Number (____)(____)(____)

Address _____
Street

City/State/Zip

Reason Fingerprinted: _____

School District or Private School Employer

Name/Address _____

Aliases _____

Sex: (Circle One)

F = Female

M = Male

U = Unknown

Date of Birth _____

Place of Birth _____

Race: (Circle One)

A – Asian

B – A person having origins in any of the black racial groups

I – American Indian, Eskimo or Alaskan Native

W – Caucasian, Mexican, Puerto Rican, Cuban, Central or South American

U – Of Indeterminable Race

Eyes: (Circle One)

BLK - Black

BLU – Blue

BRO – Brown

GRY – Gray

GRN – Green

HAZ – Hazel

MAR – Maroon

PNK – Pink

XXX – Unknown

Social Security Number (Optional) _____

Hair Color: (Circle One)

BLK – Black

BLN – Blond or Strawberry

BLU – Blue

BRO – Brown

XXX – Completely Bald

GRY – Gray or Partially Gray

GRN – Green

ONG – Orange

PNK - Pink

Height _____ Feet _____ Inches

Weight _____ Pounds

Do Not Write Below This Line

TYPE: School District/ESD Employee _____

Technician _____

Certification _____

Form of Payment:

Cashier's Check _____
Check #

Previous Reject _____
(Rejected Card Must Be Attached)

Money Order _____
Reference #

ESD101 _____

Other _____

Other _____
Purchase Order # / SD/University Check #

TOTAL FEES COLLECTED _____