



FINGER PRINTING

CLEARANCE LETTER REQUEST FORM

PLEASE COMPLETE ALL FIELDS AND PRINT CLEARLY

Full Name:	<small>FIRST</small>			<small>MI</small>	<small>LAST</small>	
Last 4 digits of Social Security #:	XXX - XX -		Pick up Letter or Mail:	Pick Up	<input type="checkbox"/>	Mail <input type="checkbox"/>
Mailing Address:	Street :			Apt:		
City:	State:			Zip Code:		
Main Phone #:			Alt. Phone #:			
Email Address:						
Month and Year of last Fingerprinting at DCPS:	Month:		Year:			

PURPOSE OF CLEARANCE LETTER

To Obtain:

<input type="checkbox"/> License
<input type="checkbox"/> Renewal of License
Position Type: i.e.(Teacher, Substitute, Principal)

Clearance Letter Requests take three to ten business days to complete. You will be contacted at the phone number listed above when your letter is ready for pick-up.

For Office of Human Resources Use Only

Confirmation of Prints:	<input type="checkbox"/> Cleared	<input type="checkbox"/> Not Cleared	Clearance Date:
Confirmed by:			