DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

FINGER PRINTING

CLEARANCE LETTER REQUEST FORM

PLEASE COMPLETE ALL FIELDS AND PRINT CLEARLY

Full Name:	FIRST MI LAST		
Last 4 digits of Social Security #:	XXX-XX-		
Main Phone #:		Alt. Phone #:	
Email Address:			
Month and Year of last Fingerprinting at DCPS:		Month:	Year:

PURPOSE OF CLEARANCE LETTER

To Obtain:

☐ License	
☐ 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.

Please note: <u>Clearance Letter Requests are for OSSE licensure purposes only.</u>

Human Resources Use Only	
Confirmation of Prints:	☐ Cleared ☐ Not Cleared Clearance Date:
Confirmed by:	

HR-Clearance Letter Request Form Last Updated 02.12.14