

REQUEST FOR FINGERPRINTING RECORDS

Please use this form if you have been fingerprinted at your daughter's diocesan elementary school after April 25, 2000.

Mother's name:

(please print) _____

Last

First

Middle Initial

Father's name:

(please print) _____

Last

First

Middle Initial

DIOCESAN ELEMENTARY SCHOOL WHERE FINGERPRINTED:

Mother's Signature

Father's Signature

Please return this form to the Dean of Students office.