



Request for Fingerprinting and/or Shield the Vulnerable Records

Please use this form if have been fingerprinted at your daughter's Diocesan elementary school after April 25, 2000 or if you have submitted your certificate of completion of the Shield the Vulnerable course in the last four years.

Records requested:

Fingerprinting

Shield the Vulnerable

Student Name: _____
Last First SFHS Class of

Mother's Name: _____
Last First MI

Father's Name: _____
Last First MI

Diocesan school where fingerprinted and/or completed Shield the Vulnerable course:

Mother's signature

Father's signature

Please return this form to the Dean of Students.

Fax (916) 452-1591 • Email: ccost@stfrancishs.org