

Request for Fingerprinting and/or Shield the Vulnerable Records

Please use this form if you *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 within four years.

Records requested:

□ Fingerprinting □ Shield the Vulnerable

Mother's name: (please print)				
	Last	First	Middle Initial	
Father's name: (please print)				
	Last	First	Middle Initial	
Student Name (please print)				
· · · · ·	Last	First	SF Class of	

Diocesan elementary 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 office.