

## **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.