



Roman Catholic Bishop of Reno
 290 S. Arlington Ave.
 Reno, NV 89501

Catholic Schools Department (775) 326-9430 Safe Environment Office (775) 326-9445

Please provide this form to the fingerprint technician/official at the time the fingerprints are taken to ensure that all fields contain the required/authorized information needed for processing. ***Applicants without a Fingerprint Request Form or an incomplete Fingerprint Request Form may be denied fingerprinting until all applicable information is received.*** See your local school's office for details.

Fingerprint technician, please ensure that you see photo ID for identity verification purposes prior to fingerprinting.

Applicant information:

Name (Last, First, MI): _____

Address: _____

City, State and Zip: _____

Date of Birth: _____ Place of Birth: _____

SSN (if required) _____ Citizenship: _____

Sex: _____ Race: _____ Height: _____ Weight: _____ Eyes: _____ Hair: _____

Authorized Entity Information:

Account Number (MNU): 152496 ORI: NVAWA001Z

Applicable Federal Authority: ADAM WALSH ACT, or

_____ ADAM WALSH ACT-Volunteer

Applicant Responsible for Fees: **YES**

Submit Fingerprints Electronic LiveScan: **YES**

*****Signature of Authorization:** _____ *Annie D. Loieto*
 (Signature of Catholic School Principal Requesting Principal)

Printed name of principal

Printed name of School

Fingerprint Site Information:

Signature of Official Taking Prints: _____

TCN Number (used for tracking purposes): _____