



Senate Bill 9 (SB9) Fingerprinting Information

All information on this form must be current through July and August of 2009. If you know of any upcoming changes to your information, please call 817-426-7500 ext.1002. You must **return this form by June 15, 2009**, to the Human Resources Office. Failure to return this form will result in an inactive status on the JISD Substitute list.

**Enter your name EXACTLY as it appears on your current drivers license.
Please Print Clearly.**

Last Name

First Name

Middle Name

Jr/Sr

Social Security Number

Driver License Number

State D.L. Issued

Mailing Address/PO Box

City

State

Zip

Date of Birth (mm/dd/yyyy)