

HENDRY COUNTY FINGERPRINTING

I have attached the form that needs to be completed along with a copy of driver's license and social security card.

The address in Clewiston to the Sub office is:

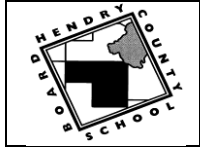
ESE office 475 E. Osceola Ave. telephone number: 863/983-1507
Please ask for Shirley

Human Resources Department at 25 E. Hickpochee Ave (1st floor old court house) telephone number 863/674-4550

The office hours are from 8:00-3:30pm

Should you need additional information please feel free to contact me at anytime.

Marilyn Teal
Hendry County Schools
Human Resources Department
P.O. Box 1980
LaBelle, Fl 33975
Old Court House, 1st floor
863/674-4550
Hours: 7:30 until 4:00



SERVICE PROVIDER INQUIRY RELEASE

DISTRICT SCHOOL BOARD OF HENDRY COUNTY FLORIDA
P.O. BOX 1980, LABELLE, FLORIDA 33975
PHONE (863) 674-4550 FAX (863) 674-4579

In my contractual relationship as a service provider I am requesting to be permitted access on school grounds when student are present or I may have access or control of school funds. I understand that I am responsible for providing to the District School Board of Hendry County Florida the following:

- | | |
|------------------------------------|--|
| 1. Drivers License | 4. Payment for fingerprint screening |
| 2. Copy of my Social Security Card | 5. Other identification information needed |
| 3. Fingerprint application | 6. Other screening information needed |

I understand and acknowledge the following:

- | | |
|---|---|
| 1. I must meet level 2 screening described in section 1012.32, Florida statutes. | 4. Background screening is the sole property of the School Board. |
| 2. The School Board will make background inquiries. | 5. Each individual provider may request to review their personal background screening results. |
| 3. The School Board may request information from various Federal, State and other agencies. | 6. Each provider will comply with Florida statutes and cooperate with local school procedures to ensure compliance. |

If I am not in the State Data Base system, I understand that I am required to pay for being fingerprinted at this time, a cost of **\$84.00**. I have attached a personal check or money order made payable to **HENDRY COUNTY SCHOOL BOARD**.

I give my consent and authorize without reservation, any party or agency contacted by the District School Board of Hendry County, to furnish the above-mentioned information. I agree to abide by the screening decision of the District School Board in determining my right to access school campuses. I also consent to cooperate with the School District and follow their guidelines when admitted on school campuses.

I am in the State Data Base System: _____ YES _____ NO

Printed Name Social Security Number

Name of Company (Unless working as an individual contractor) Company Phone Number

Company Address (Street or P.O. Box) (City) (State) (Zip)

My Home Address (Street or P.O. Box) (City) (State) (Zip)

My Home Phone Cell Phone Fax or email

Vendors Signature Date 20__

Witness Date 20__