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Name: **Washoe County School District**

School/Department: _____ Activity : _____

Applicant Name Last /First : _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Last Four of Social Security Number: _____

Email: _____ Phone Number: _____

Ori: **NV930350Z**

MNU: **880135**

RFP: **Adam Walsh Act - Volunteer**

6 - Volunteer

Signature of Authorization: _____

WCSD is responsible for fingerprint fees.

The applicant is responsible for background check fees payable at the time of printing.

Fingerprinting Express
5000 Smithridge Dr.
Reno, NV 89502
775-322-5587



Fingerprint Date: _____ TCN#: _____ Initials: _____

www.fingerprintingexpress.com