REGISTER ONLINE BEFORE YOUR VISIT!

Scan the QR Code or visit us at register.fingerprintingexpress.com to register for fingerprinting

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

1/2025 V1