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Name: **Washoe County School District**

School/Department: _____ Sport: _____

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:** NVRS-391-100-AND-391-104

4 - COACH - Paid

Signature of Authorization: _____

WCSD is responsible for fingerprint fees.

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

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