



National Fingerprint Background Review

EXHIBIT C.1/A.1

- ✓ **Complete ALL** requested information
- ✓ **Use** a current driver's license
- ✓ **Attach** additional page(s), if needed
- ✓ **Submit** form by email to the AISD Contact Name **AND** backgroundcheckreviews@austinisd.org.
- ✓ **Please** submit updates on a **new Exhibit C.1/A.1** to the AISD Contact Name **AND** backgroundcheckreviews@austinisd.org.

Agency/Provider Name: _____ Agency/Provider Contact Person(s): _____ Agency/Provider Phone Number: _____ Agency/Provider Email Address: _____ Type of Service(s) to be Provided: _____ AISD Contact Name(s): _____ Coordinating Dept./Campus(es): _____
--

	Last Name <i>As it appears on driver's license (or Last Name used when fingerprinted)</i>	First Name <i>As it appears on driver's license</i>	Date Of Birth	Driver's License #, State ID, Passport, Military ID, or Green Card #	State of Issue	Review results of the National Fingerprint Report. AISD HR USE ONLY
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

<b style="background-color: yellow;">AISD HR USE ONLY National Background and District Review by: _____
--