

**FINGERPRINTING  
EXPRESS**



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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: **Adam Walsh Volunteer Act**

**5 - COACH - Unpaid**

Signature of Authorization: \_\_\_\_\_

**Company is responsible for fees.** Walk in or book appointments online.

**Fingerprinting Express**

5000 Smithridge Dr

Reno, NV 89502

775-322-5587



Fingerprint Date: \_\_\_\_\_ TCN#: \_\_\_\_\_ Initials \_\_\_\_\_

[www.fingerprintingexpress.com](http://www.fingerprintingexpress.com)