

MIAMI-DADE COUNTY PUBLIC SCHOOLS SERVICE PROVIDER INPUT DOCUMENT

Social Security #			
Last Name	First _		MI
AKA			
Sex EEO	Birth Date		
Permanent Address			
City	State	Zip Code	
Phone Number			
Date			
To the Office of Fingerprintin	g:		
I request that the abovement	ioned person be fingerprinted t	to provide services to students	as a
(Coach, Outreach Support, I	ntern, Agency Employee).		
Name Typed	Na	ame of Office	
Signature			

Fingerprinting payment and processing procedures are located on the back of this form.

Fingerprint Payment - Revised

Effective July 1, 2007, the revised fingerprint payment listed below applies to all full and part-time instructional and non-instructional Miami-Dade County Public Schools (M-DCPS) applicants and employees, contracted and charter school employees, specified university and college interns, and private bus drivers.

\$71 Fingerprinting Processing Fee

• \$71 money order payable to <u>"SCHOOL BOARD MIAMI-DADE</u> FINGERPRINTING"

Required Forms of Identification

- A current official picture identification such as a driver's license, passport or State of Florida identification card, <u>AND</u>
- Your social security card must be presented at the time of printing!

M-DCPS Fingerprint Office

1450 NE 2nd Avenue, Suite 110, Miami, FL 33132

Phone: 305-995-7472

Hours of Operation: Monday through Friday 7:00 a.m. - 4:00 p.m.

Drug Testing (Charter Schools)

- \$25.50 Money order made payable to "Miami-Dade Co. Public Schools".
- Fingerprint confirmation sheet

M-DCPS Drug Testing Office

1501 NE 2nd Avenue, Suite 336, Miami, FL 33132

Phone: 305-995-1462

Hours of Operation: Monday through Friday 8:00 a.m. - 4:00 p.m.