

Watertown School District 14-4



APPENDIX A
CERTIFICATION OF SUBMISSION OF FINGERPRINTS

I, _____, a duly trained fingerprint administrator within and for _____ hereby certify that I personally fingerprinted the individual whose photo identification is copied onto this sheet and that I further certify that the fingerprint card was sent by first class mail with appropriate postage to the South Dakota Division of Criminal Investigation, c/o 500 East Capitol, Pierre, South Dakota 57501, requesting that a criminal background information check be conducted of said individual and that the results thereof be returned to my office. Finally, I certify that any results of said criminal background investigation will be provided to the Watertown School District.

Date

Officer

Date

Applicant

Place photo ID here

Policy

Adopted: 8/14/00

Revised: 5/10/10; 9/11/17