



OFFICE USE ONLY

STUDENT NAME: _____

TELEPHONE CONTACT: _____

STUDENT

FINGERPRINT APPOINTMENT

Students in certain programs offered by South Florida State College are required to be fingerprinted in order to have access to affiliated training sites. Fingerprint services are conducted at SFSC's Criminal Justice Academy, located at **107 West College Drive**, on the college's Highlands Campus in Avon Park, Florida.

You must show a valid drivers license or state-issued identification card to be fingerprinted.

Your fingerprinting appointment has been scheduled for:

_____, on _____, _____, 20____
Time Day Month YR

Any questions or concerns should be forwarded to your **Program Chair/Director**, or the Director of Human Resources, South Florida State College, 863-784-7132.

Distribution

- Original to Student
- Copy to Human Resources



I, _____ do hereby acknowledge, that the results of my background check (fingerprinting) may preclude me from securing employment in my chosen field of study. My continuance in the _____ Program at SFSC is solely by my choice. I agree to hold harmless SFSC in the event I am unable to obtain employment in my chosen career.

Student Signature

Date

Witness

Date

SWORN TO AND SUBSCRIBED before me this _____ day of _____,

20____ by _____, who is personally known to me

or has produced the following identification _____.

Signature of Notary Public-State of Florida

Printed Name of Notary

Commission Expiration Date

Notary Seal