Fingerprint Hours

Business Hours	Summer Hours
Monday-Friday	Monday-Thursday
8:00-4:00 pm	8:00-4:00 pm

You must be here at least 30 minutes before closing to get fingerprinted.

850 - 767-1670
520 School Avenue
Panama City, Florida 32401

Please do not bring children with you if they cannot sit in the lobby unsupervised during the fingerprinting process. Thank You

NO CASH ACCEPTED

FINGERPRINT APPLICATION

(for Bay District Schools)

$85 ☐ **CHECK** (payable to Bay District Schools) ☐ **MONEY ORDER** (payable to Bay District Schools)

☐ **VISA** ☐ **MASTERCARD** ☐ **DISCOVER** ☐ **AM EXPRESS**

PLEASE PRINT LEGAL NAME

_____

LAST FIRST MIDDLE

Social Security Number _____ Phone Number _____

Section 119.071(5)(a)2.4., Florida Statutes requires agencies to notify individuals of the purpose that require the collection of Social Security numbers. Social Security Numbers are used exclusively for processing fingerprints with the Federal Bureau of Investigation and the Florida Department of Law Enforcement. The Social Security Numbers are confidential and exempt from public disclosure. Criminal history, Level 1 and Level 2 background checks/identifiers for processing fingerprints by Department of Law Enforcement/, if SSN is available [Required by Fla. Admin. Code 11C-6.003 and Fla. Stat.§ 119.071 (5) (a) 6]

Home Address: _____
(No P.O. Boxes) Street City State Zip Code

EMAIL ADDRESS

_____

Date of Birth: ____/____/____ *Gender:* ☐ Male ☐ Female ☐ Unknown

Race: ☐ Asian ☐ Black ☐ American Indian ☐ White ☐ Unknown

Eyes: ☐ Black ☐ Blue ☐ Brown ☐ Green ☐ Gray ☐ Hazel

Hair: ☐ Black ☐ Brown ☐ Blonde ☐White ☐ Gray ☐ Bald ☐ Sandy ☐ Red ☐ Other

Height: _____ *Weight:* _____

Country of Birth: _____ *State of Birth:* _____

Position: ☐ VOLUNTEER ☐ NEW HIRE **SCHOOL NAME & POSITION or TITLE:** _____

☐ CHECK IF YOU HAVE OR INTEND TO GET A FLORIDA EDUCATOR CERTIFICATE ☐ STUDENT OBSERVER

Safety & Security Notes:

Fingerprinted by:

Revised 8/2025

PRIVACY POLICY ACKNOWLEDGEMENT FORM

I acknowledge that I have received a copy of the privacy policies from the Florida Department of Law Enforcement and the Federal Bureau of Investigation, which describe the exchange of information where criminal record results will become part of the Care Provider Background Screening Clearinghouse.

I understand and agree that I will read and comply with the guidelines contained in the privacy policies.

_____

Employee/Contractor Name (Printed)

_____

Employee/Contractor Signature

_____

Date