

# FINGERPRINT REGISTRATION

(You must provide all of the information requested in order to be registered)

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

Address: \_\_\_\_\_  
(Street) (City, State, Zip)

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Race: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
(You will be contacted once you have been registered) (Please write N/A if you do not have email)

Please circle the reason you are being fingerprinted:

Employment   Substitute (Teaching or School Nutrition)   Chaperone/Volunteer   Community Coach   Fine Arts Assistant



COGENT  SYSTEMS  
Georgia Applicant Processing Services

## Acknowledgement

I authorize Cogent Systems, Inc. to conduct a fingerprint based criminal history record check of me.

I understand that Cogent Systems, Inc. will send my fingerprints to the Georgia Crime Information Center for a search of criminal history information in its files and to the Federal Bureau of Investigation for a search of its files when a federal record check is so authorized.

I understand that the electronic results of this fingerprint check will be received by Cogent Systems, Inc. and forwarded to the agency responsible for determining my suitability for the position for which I have applied.

I further understand that Cogent Systems, Inc. will not maintain a copy of my record and that Cogent Systems, Inc. meets all confidentiality and security requirements for handling and dissemination of state and federal criminal history record information.

By: \_\_\_\_\_

Date: \_\_\_\_\_