



Greetings Valued Customer,

Please complete the following steps to get registered as an Outside Contractor / Vendor with The Osceola School District.

**STEP 1:**

1. Complete Fingerprinting Packet.
2. Provide a current Driver's License or State Issued I.D.
3. Provide a Social Security card, valid Passport or Birth Certificate.
4. Ensure documents listed above have the same first and last name.

If you have any questions in regards to providing documents, please refer to the List of Acceptable Documents/Identifications attached.

**You will receive a secure link from our Fingerprinting Department where you will upload your documents. If you have any questions, please contact us at:**

**Vanessa Marrero at: [vanessa.marrerolopez@osceolaschools.net](mailto:vanessa.marrerolopez@osceolaschools.net) or**

**Victoria Jenkins at: [victoria.jenkins@osceolaschools.net](mailto:victoria.jenkins@osceolaschools.net)**

**STEP 2:**

1. Go to <https://fieldprintflorida.com/> to schedule your appointment.
2. Please follow the attached fingerprinting instructions for the Fieldprint payment process.
3. Please make sure that you follow their instructions carefully.
4. Please be aware that we cannot begin the clearance process until we receive your Fingerprinting Packet and two I.D.'s by email.

**Once we receive your documents and you are fingerprinted, it can take 12 to 24 hours for our department to receive clearance from the FBI (Federal Bureau of Investigation) and FDLE (Florida Department of Law Enforcement).**

**Step 1:**  
**Fingerprinting Packet**

**THE SCHOOL DISTRICT OF  
OSCEOLA COUNTY, FLORIDA**

801 Bill Beck Blvd. Kissimmee, FL 34744

|   |  |
|---|--|
| <b>SOCIAL SECURITY NUMBER</b>             | _____ - _____ - _____  |
| <b>FIRST NAME, MIDDLE NAME, LAST NAME</b> |  |
| <b>ALIASES or MAIDEN NAME</b>             |  |
| <b>POSITION - Check One</b>               | <input type="checkbox"/> Vendor (Outside Contractor)   |
|   | <input type="checkbox"/> Sports Official   |
| <b>DATE OF BIRTH</b>                      | Month: _____ Day: _____ Year: _____  |
| <b>PLACE OF BIRTH</b>                     |  |
| <b>COUNTRY OF CITIZENSHIP</b>             |  |
| <b>HEIGHT</b>                             | Feet: _____ ' - Inches: _____ "  |
| <b>WEIGHT</b>                             | Pounds: _____  |
| <b>RACE</b>                               | <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Unknown <input type="checkbox"/> Caucasian |
|   | (Hispanic) - Check One - <input type="checkbox"/> White <input type="checkbox"/> Black   |
|   | (American Indian, Eskimo, Alaskan Native) - <input type="checkbox"/> Native American   |
| <b>GENDER - Check One</b>                 | <input type="checkbox"/> Male <input type="checkbox"/> Female  |
| <b>EYE COLOR - Check One</b>              | <input type="checkbox"/> Blue <input type="checkbox"/> Black <input type="checkbox"/> Brown  |
|   | <input type="checkbox"/> Maroon <input type="checkbox"/> Gray <input type="checkbox"/> Green   |
|   | <input type="checkbox"/> Hazel <input type="checkbox"/> Pink <input type="checkbox"/> Multi-Colored  |
| <b>HAIR COLOR - Check One</b>             | <input type="checkbox"/> Black <input type="checkbox"/> Blonde/Strawberry  |
|   | <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Red  |
|   | <input type="checkbox"/> Bald <input type="checkbox"/> Sandy <input type="checkbox"/> White  |
| <b>CURRENT HOME ADDRESS (No PO Box)</b>   | <b>Street:</b>   |
|   | <b>City:</b> _____ <b>State:</b> _____ <b>Zip Code:</b> _____  |
| <b>HOME or CELL PHONE NUMBER</b>          |  |
| <b>COMPANY or ASSOCIATION NAME</b>        |  |
| <b>COMPANY ADDRESS</b>                    | <b>Street:</b>   |
|   | <b>City:</b> _____ <b>State:</b> _____ <b>Zip Code:</b> _____  |
| <b>COMPANY PHONE NUMBER</b>               | (      )   |
| <b>CONTACT PERSON</b>                     | <b>Name:</b>   |
| <b>DIRECT SUPERVISOR'S EMAIL</b>          |  |
| <b>TYPE OF BUSINESS</b>                   |  |
| <b>SUB CONTRACTOR NAME (If any)</b>       |  |
| <b>SUB CONTRACTOR ADDRESS</b>             | <b>Street:</b>   |
|   | <b>City:</b> _____ <b>State:</b> _____ <b>Zip Code:</b> _____  |
| <b>SUB CONTRACTOR PHONE NUMBER</b>        | (      )   |
| <b>CONTACT PERSON</b>                     |  |
| <b>Current School District Employee</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| <b>SIGNATURE</b>                          |  |
| <b>TODAY'S DATE</b>                       | ____ / ____ / ____   |



**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
OMB No. 1615-0047  
Expires 10/31/2022

► **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)*

|                                  |  |                         |                           |                |                                |                |
|----------------------------------|--|-------------------------|---------------------------|----------------|--------------------------------|----------------|
| Last Name (Family Name)          |  | First Name (Given Name) |                           | Middle Initial | Other Last Names Used (if any) |                |
| Address (Street Number and Name) |  |                         | Apt. Number               | City or Town   |                                | State ZIP Code |
| Date of Birth (mm/dd/yyyy)       | U.S. Social Security Number<br>[ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ] |                         | Employee's E-mail Address |                | Employee's Telephone Number    |                |

**I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.**

**I attest, under penalty of perjury, that I am (check one of the following boxes):**

|  |   |  |
|--|---|--|
| <input type="checkbox"/> 1. A citizen of the United States   |   |  |
| <input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>   |   |  |
| <input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____  |   |  |
| <input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____<br>Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>               | <div>QR Code - Section 1<br/>Do Not Write In This Space</div> |  |
| <i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:<br/>An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i> |   |  |
| 1. Alien Registration Number/USCIS Number: _____<br><b>OR</b>  |   |  |
| 2. Form I-94 Admission Number: _____<br><b>OR</b>  |   |  |
| 3. Foreign Passport Number: _____<br>Country of Issuance: _____  |   |  |

|                       |                           |
|-----------------------|---------------------------|
| Signature of Employee | Today's Date (mm/dd/yyyy) |
|-----------------------|---------------------------|

**Preparer and/or Translator Certification (check one):**  
☐ I did not use a preparer or translator.    ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

|                                     |  |                           |                |
|-------------------------------------|--|---------------------------|----------------|
| Signature of Preparer or Translator |  | Today's Date (mm/dd/yyyy) |                |
| Last Name (Family Name)             |  | First Name (Given Name)   |                |
| Address (Street Number and Name)    |  | City or Town              | State ZIP Code |



*Employer Completes Next Page*





**Employment Eligibility Verification**  
**Department of Homeland Security**  
U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
OMB No. 1615-0047  
Expires 10/31/2022

**Section 2. Employer or Authorized Representative Review and Verification**

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

|   |                         |  |            |  |
|---|-------------------------|--|------------|--|
| <b>Employee Info from Section 1</b>                           | Last Name (Family Name) | First Name (Given Name)  | M.I.       | Citizenship/Immigration Status                   |
| <b>List A</b><br><b>Identity and Employment Authorization</b> | <b>OR</b>               | <b>List B</b><br><b>Identity</b>   | <b>AND</b> | <b>List C</b><br><b>Employment Authorization</b> |
| Document Title  |                         | Document Title   |            | Document Title                                   |
| Issuing Authority   |                         | Issuing Authority  |            | Issuing Authority                                |
| Document Number   |                         | Document Number  |            | Document Number                                  |
| Expiration Date (if any) (mm/dd/yyyy)                         |                         | Expiration Date (if any) (mm/dd/yyyy)  |            | Expiration Date (if any) (mm/dd/yyyy)            |
| Document Title  |                         | <div>Additional Information</div> <div>QR Code - Sections 2 &amp; 3<br/>Do Not Write In This Space</div> |            |  |
| Issuing Authority   |                         |  |            |  |
| Document Number   |                         |  |            |  |
| Expiration Date (if any) (mm/dd/yyyy)                         |                         |  |            |  |
| Document Title  |                         |  |            |  |
| Issuing Authority   |                         |  |            |  |
| Document Number   |                         |  |            |  |
| Expiration Date (if any) (mm/dd/yyyy)                         |                         |  |            |  |
| Document Title  |                         |  |            |  |
| Issuing Authority   |                         |  |            |  |
| Document Number   |                         |  |            |  |
| Expiration Date (if any) (mm/dd/yyyy)                         |                         |  |            |  |

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions)

|  |   |  |                |
|--|---|--|----------------|
| Signature of Employer or Authorized Representative                   | Today's Date (mm/dd/yyyy)                           | Title of Employer or Authorized Representative |                |
| Last Name of Employer or Authorized Representative                   | First Name of Employer or Authorized Representative | Employer's Business or Organization Name       |                |
| Employer's Business or Organization Address (Street Number and Name) |   | City or Town                                   | State ZIP Code |

**Section 3. Reverification and Rehires** (To be completed and signed by employer or authorized representative.)

|                                    |                         |                |  |
|------------------------------------|-------------------------|----------------|--|
| <b>A. New Name (if applicable)</b> |                         |                | <b>B. Date of Rehire (if applicable)</b> |
| Last Name (Family Name)            | First Name (Given Name) | Middle Initial | Date (mm/dd/yyyy)                        |

**C.** If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

|                |                 |                                       |
|----------------|-----------------|---------------------------------------|
| Document Title | Document Number | Expiration Date (if any) (mm/dd/yyyy) |
|----------------|-----------------|---------------------------------------|

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

|  |                           |   |
|--|---------------------------|---|
| Signature of Employer or Authorized Representative | Today's Date (mm/dd/yyyy) | Name of Employer or Authorized Representative |
|--|---------------------------|---|

## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

| <b>LIST A</b><br><b>Documents that Establish Both Identity and Employment Authorization</b>  | <b>OR</b> | <b>LIST B</b><br><b>Documents that Establish Identity</b>  | <b>AND</b><br><b>LIST C</b><br><b>Documents that Establish Employment Authorization</b>   |
|--|-----------|--|---|
| <ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol> |           | <ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li>For persons under age 18 who are unable to present a document listed above:</li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol> | <ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol> |

**Examples of many of these documents appear in the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**

## AGENCY PRIVACY REQUIREMENTS FOR NONCRIMINAL JUSTICE APPLICANTS

Authorized governmental and non-governmental agencies/officials that conduct a national fingerprint-based criminal history record check on an applicant for a noncriminal justice purpose (such as employment or a license, immigration or naturalization matter, security clearance, or adoption) are obligated to ensure the applicant is provided certain notices and that the results of the check are handled in a manner that protects the applicant's privacy. All notices must be provided in writing! These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.), Section 552a, and Title 28, Code of Federal Regulations (CFR), Section 50.12, among other authorities.

- Officials must ensure that each applicant receives an adequate written FBI Privacy Act Statement (dated 2013 or later) when the applicant submits his/her fingerprints and associated personal information.<sup>2</sup>
- Officials must advise all applicants in writing that procedures for obtaining a change, correction, or update of an FBI criminal history record are set forth at 28 CFR 16.34. Information regarding this process may be found at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- Officials must provide the applicant the opportunity to complete or challenge the accuracy of the information in the FBI criminal history record.
- Officials should not deny the employment, license, or other benefit based on information in the FBI criminal history record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
- Officials must use the FBI criminal history record for authorized purposes only and cannot retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>3</sup>

The FBI has no objection to officials providing a copy of the applicant's FBI criminal history record to the applicant for review and possible challenge when the record was obtained based on positive fingerprint identification. If agency policy permits, this courtesy will save the applicant the time and additional FBI fee to obtain his/her record directly from the FBI by following the procedures found at 28 CFR 16.30 through 16.34. It will also allow the officials to make a more timely determination of the applicant's suitability.

Each agency should establish and document the process/procedures it utilizes for how/when it gives the applicant the FBI Privacy Act Statement, the 28 CFR 50.12 notice, and the opportunity to correct his/her record. Such documentation will assist State and/or FBI auditors during periodic compliance reviews on use of FBI criminal history records for noncriminal justice purposes.

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<sup>1</sup> Written notification includes electronic notification, but excludes oral notification.

<sup>2</sup> See <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

<sup>3</sup> See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d), 50.12(b) and 906.2(d).

**APPLICANT WAIVER**  
**AGREEMENT AND**  
**STATEMENT**

For Criminal History Record Checks

This form shall be completed and signed by every applicant for non-criminal justice purposes.

I hereby authorize *(enter Name of Non-Criminal Justice Agency)* Osceola School District to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI). Pursuant to Title 28, Code of Federal Regulations (CFR), Sections 16.30-16.34 and that I could then freely disclose any such information to whomever I chose.

I understand that, my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications, upon request you may provide me a copy of the criminal history record report if any, you receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in F.S. 943.056 and Title 28, CFR, Section 16.34. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my status as an employee, volunteer, contractor, or subcontractor.

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

Printed Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

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**ORIGINAL – MUST BE RETAINED BY NON-CRIMINAL  
JUSTICE AGENCY**

**Step 2:**  
**SDOC Fingerprinting Payment Instructions**  
**Outside Contractor / Vendor - Sports Officials**

- 1) Register for an appointment (see link and instructions below).
- 2) Schedule at a location near you, or at "Pack and Ship" 1209 W. Oak Street, Kissimmee.
- 3) Print out email confirmation with appointment date and time, or bring your appointment # and receipt of payment.
- 4) Bring your current Driver's License and Social Security Card. Name must match on both ID's.
- 5) You **MUST** wear a mask or face covering in order to visit "Pack and Ship" facilities. Otherwise, access will not be granted.

**Instructions on setting a Fingerprinting appointment online:**

1. Go to <https://fieldprintflorida.com/> to schedule your appointment.
2. Click on the purple button on the right that says "Schedule an Appointment".
3. On the left hand side under "New Users | Sign Up" enter your email address. Click "Sign Up".  
\*It is very important to enter a valid email address. Directions and a confirmation will be sent to this email address.\*
4. "Sign Up" page:
  - a. Enter a password following the password rules listed on the website.
  - b. Re-type your password.
  - c. Enter a security question.
  - d. Enter the answer to your security question.
  - e. Re-enter your email address.
  - f. Click "Sign Up and Continue".
5. "Reason for Fingerprinting" page:  
Fieldprint Code - Enter the following code exactly as shown: **FPOsceolaCountyVendor**  
Click on "Continue".
6. "Personal Information" page:  
Enter your personal information:
  - a. First Name and Last Name are required. \*This must match your name exactly how it appears on your Social Security card and Driver's License.\*
  - b. Enter any other names or aliases you have used.
  - c. Enter your Social Security number.
  - d. Confirm you have entered your Social Security number correctly, then check the box.
  - e. Enter your home address, city, state, and zip code. (Do not use a P.O. Box)
  - f. Enter your date of birth.
  - g. Enter your phone number.
  - h. Re-enter your email address.
  - i. Select your preferred Contact Method.
  - j. Select appointment reminder via text or email.
  - k. Click "Save and Continue".



7. "Demographics" page:
  - a. Select your Citizenship.
  - b. Select your place of birth.
  - c. Enter your city of birth.
  - d. Select your gender.
  - e. Select your height.
  - f. Enter your weight.
  - g. Select your eye color.
  - h. Select your hair color.
  - i. Select your race.
  - j. Click "Save and Continue".
8. "Employer" page:
  - a. Enter exactly as follows:

The School Board of Osceola County, FL  
799 Bill Beck Blvd.  
Kissimmee, FL 34744  
407-870-4093
  - b. Click "Save and Continue".
9. "eConsent Waiver" page:
  - a. Read all of the information provided and select "I Agree" or "I Do Not Agree" for the top section. You will have to select "I Agree" to continue with the electronic forms and notices.
  - b. Read all of the additional information provided in the second section and select "I Agree" to move forward. Type your full name and enter today's date.
  - c. Click "Save and Continue".
10. "Schedule Your Visit" page:
  - a. Under "Find a Location", use your address that is prepopulated to find locations nearest to you or enter the following address: "1209 W Oak Street", then click "Find".

You can use this location if you prefer:

**Fieldprint Site – Pack and Ship**  
**1209 West Oak Street**  
**(next to PGs Wings)**  
**Kissimmee, FL 34741**

Click "Schedule an Appointment" to the right of the address.
  - b. Enter a date or select an available date on the calendar. Please choose the soonest you are available. Select the time for your appointment. Click "Schedule".

\*\*A window will appear confirming your appointment date and time you selected. Please confirm that it is the correct information. You will not be able to change or cancel the appointment less than 24 hours before the appointment time without incurring a charge. If the appointment date and time are correct, click "Continue" to schedule your appointment. If it is not correct, click "Cancel" and select the correct date and time.\*\*

11. "Payment" page:

- a. This page confirms your Appointment date and time as well as the location. You have one last opportunity to reschedule the date or time of your appointment.
- b. Fill out the payment information. The Fingerprinting fee is \$83.25. If you do not arrive for your appointment, you may be charged a fee.
- c. Click "Make a Payment and Finish".

12. You will receive an email confirming your appointment location, date and time.

**\*\*IMPORTANT\*\***

- 1) You must bring 2 forms of Identification to your appointment: Current Driver's License and Social Security Card. These forms of ID must match the name on the appointment.
  - a. If you are a minor, please bring 2 forms of the following identification:
    - i. Primary ID: either a Florida ID card or a Passport.
    - ii. Secondary ID: either Social Security Card, Credit Card, or School ID with photo
- 2) Please bring the confirmation number of your appointment including the payment receipt of \$83.25 and the date/time of your appointment.
- 3) You must wear a mask or face covering in order to be fingerprinted.

If you have any questions or problems, you may contact our customer service team at 877-614-4364 or [customerservice@fieldprint.com](mailto:customerservice@fieldprint.com). For assistance in Human Resources contact Vanessa Marrero-Lopez at 407-343-8610 or Victoria Jenkins at 407-870-4091.