

West Central School District 49-7



CERTIFICATION OF SUBMISSION OF FINGERPRINTS

I, _____, duly certified law enforcement
Officer or employee 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 completed fingerprint cards, together with the
subject's check in the amount of _____, was sent by first class mail with
appropriate postage to the South Dakota Division of Criminal Investigation, 500 East
Capitol Avenue, Pierre, South Dakota 57501, requesting that state and federal criminal
background information checks be conducted of said individual and that the results
thereof sent to the _____ School District.

Date

Officier

Date

Applicant

