



# MIAMI-DADE COUNTY PUBLIC SCHOOLS

## SERVICE PROVIDER INPUT DOCUMENT

**Please note:** If you have been fingerprinted by Miami-Dade County Public Schools within the last five years, your fingerprint record may still be valid. Please call the Fingerprint Office (305) 995-7472 to verify.

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

AKA \_\_\_\_\_

Sex \_\_\_\_\_ EEO \_\_\_\_\_ Birth Date \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Date \_\_\_\_\_

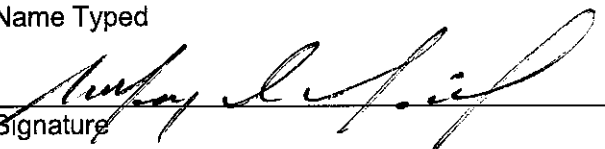
To the Office of Fingerprinting:

I request that the abovementioned person be fingerprinted to provide services to students as a

FIU Faculty or FIU Student for field or internship.  
(Coach, Outreach Support, Intern, Agency Employee).

Mary Ann Gonzalez

Name Typed

Signature 

FIU- School of Education - Office of Clinical Experiences

Name of Office

**Fingerprinting payment and processing procedures are located on the back of this form.**