



MIAMI-DADE COUNTY PUBLIC SCHOOLS
SERVICE PROVIDER INPUT DOCUMENT

University/College ID# _____

Social Security # _____

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

Faculty and Students (Clinical Experiences)

(Coach, Outreach Support, Intern, Agency Employee).

E. Judith Cohen, Ed. D.

Name Typed

FIU-College of Education Clinical Experiences

Name of Office

E. Judith Cohen
Signature

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