

Uploaded: \_\_\_\_\_

Emailed: \_\_\_\_\_

## REQUEST TO UPLOAD FINGERPRINTING FASTPASS

PLEASE PRINT OR TYPE INFORMATION IN FORM BELOW. INCOMPLETE FORMS WILL NOT BE PROCESSED. SIGNATURE IS REQUIRED AT BOTTOM.

Name: \_\_\_\_\_  
Last First Middle

Social Security Number: \_\_\_\_\_

Driver's License State: \_\_\_\_\_ DL Number: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

In order to be in compliance with Texas Senate Bill-9, CFISD requires that all substitute applicants be fingerprinted as a condition of employment. Any offer of employment is conditional until such time as a background check and fingerprinting have been successfully completed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return to:  
CFISD Substitute Office | ISC 244N  
Fax: 281-897-4016 | Email: [SubApplicant@cfisd.net](mailto:SubApplicant@cfisd.net)