



TITLE:
Fingerprint Requirement

FORM: GDD-R(2)-F

Updated 8/10/2020

Certification in accordance with A.R.S. § 15-512, all school districts in Arizona are required to fingerprint all support staff. Costs related to this required fingerprinting in the amount of \$30.00 will be deducted from the first paycheck of the employee. Failure to cooperate with the mandated fingerprinting 20 days of the date the individual begins work is a violation of state law and will result in termination.

Name Telephone No.

Address

City State Zip Code

Date of Birth Social Security No.

(Check if this statement is true.) 1. I am not awaiting trial on, and I have never been convicted of, or admitted in open court or pursuant to a plea agreement committing any of the criminal offenses listed in Statement 2 below.

(Check if this statement is true.) 2. I am awaiting trial on or I have been convicted of or admitted in open court or pursuant to a plea agreement committing the criminal offenses in this state or similar offenses in another jurisdiction which are checked below:

- Aggravated or armed robbery
Aggravated assault
Arson
Assault
Burglary in the first-, second, or third-degree
Child abuse
Commercial sexual exploitation of a minor
A dangerous crime against children as Defined in A.R.S. § 13-604.01
Exploitation of minors involving drug offenses
Felony offenses involving contributing to the delinquency of a minor
Felony offenses involving sale, distribution, or transportation of; offer to sell, transport or distribute; or conspiracy to sell, transport, or distribute marijuana or dangerous or narcotic drugs
Felony offenses involving the possession or use of marijuana, dangerous drugs, or narcotic drugs
First- or second-degree murder
Incest
Kidnapping
Manslaughter
Misdemeanor offenses involving the possession or use of marijuana or dangerous drugs
Molestation of a child
Robbery
Sexual abuse of a minor
Sexual conduct with a minor
Sexual Exploitation of a minor

I will pay the cost of my fingerprint check, which will be no more than \$30.00.

I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE. I UNDERSTAND THAT SUBMITTING INFORMATION INCONSISTENT WITH THAT RECEIVED FROM THE FINGERPRINT CHECK MAY RESULT IN TERMINATION.

Signature: Date:

The above-named, known to me or having provided proper identification, signed this document before me the day of, 20 in Maricopa County, Arizona.

Notary Public Commission Expires: