



FINGERPRINTING APPLICANT INFORMATION

ORI/VECHS# (V) or (E) 48040066_____ (required)

OCA# _____ (optional) Reason for Print:_____

Last Name: _____ First Name: _____

Middle Name: _____ Maiden Name: _____

Date of Birth: _____ SSN # _____
(YYYYMMDD) (Required by DCF & AHCA)

Email: _____ @ _____

Cell Phone Number _____

Place of Birth (state or country): _____

Residence Address: _____

City: _____ State: _____ Zip Code: _____

Race: _____ Hair Color: _____ Eye Color: _____

Height: _____ Weight: _____ Gender: Male__ Female__ Other__

I _____ affirm that the above information pertains to me,
(Please print name) is my personal information, and is true and correct to the best of my knowledge. I understand that any errors or omissions may result in additional fees from FDLE if resubmission is required.

Signed: _____ Date: _____

Company Name: Lake Eola Charter School _____

Company Address: 135 North Magnolia Avenue Orlando FL 32801 _____

***FingerPrinting results are processed within 48-72hrs from submission date ***



Bring this paper and payment Cash for (V)\$60 or CC \$65, Cash for (E) \$70 or CC \$75 to 1516 E. Colonial Drive suite 301 Orlando FL 32803. Office Hours M-F 9am to 3pm. Call for appointment at 407 982 2077

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