



El Paso ISD Office of Human Resources
National Fingerprint Background Review

- ✓ **Complete ALL** requested information
- ✓ **Use** a current driver's license
- ✓ **Attach** additional page(s), if needed
- ✓ **Submit** form by email to the EPISD Contact Name **AND** backgroundcheckreviews@episd.org.
- ✓ **Please** submit updates on a new form to the EPISD Contact Name **AND** backgroundcheckreviews@episd.org.

Agency/Provider Name: _____
Agency/Provider Contact Person(s): _____
Agency/Provider Phone Number: _____
Agency/Provider Email Address: _____
Type of Service(s) to be Provided: _____
EPISD Contact Name(s): _____
Coordinating Dept./Campus(es): _____

	Last Name <i>As it appears on driver's license (or Last Name used when fingerprinted)</i>	First Name <i>As it appears on driver's license</i>	Date Of Birth	Driver's License #, State ID, Passport, Military ID, or Green Card #	State of Issue	Review results of the National Fingerprint Report. EPISD HR USE ONLY <small>Approved Ineligible No FP</small>
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EPISD HR USE ONLY

National Background and District Review by: _____