



864 Broad Street  
Augusta, Georgia 30901-4295  
(706) 826-1000 – Fax: (706) 826-4633

**Jimmy Atkins**  
*President*

**Dr. Kenneth Bradshaw**  
*Superintendent of Schools*

**Venus Cain**  
*Vice-President*

## **Fingerprinting Form – Certification Renewal**

**Complete the following information and take with you to School Safety and Security (1<sup>st</sup> Floor).**

**Please Print or Type:**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Last First Middle

**Social Security #:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Sex:**  Female  Male

**Race:**  African American  White  Hispanic  Other: \_\_\_\_\_

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Eyes:** \_\_\_\_\_ **Hair:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
Street Address, City, State, Zip Code

**Telephone #:** \_\_\_\_\_

**Place of Birth:** \_\_\_\_\_  
City (County), State

**Are you a U.S. Citizen:**  Yes  No **If no, please indicate citizenship:** \_\_\_\_\_

**School/Dept.** \_\_\_\_\_

**Position:** \_\_\_\_\_

**I hereby consent that the above information provided is correct to the best of my knowledge. Any omission or misrepresentation of facts may result in a negative employment decision and/or termination.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**