

**FINGERPRINTING DEPARTMENT
REQUEST FOR REPLACEMENT BADGE
JLA – CONTRACTOR/VENDORS**

*Shared Data Base Request Form
for FDLE's Florida Shared School Results (FSSR) System*

Name: _____ U.S. Citizen
Last First M.I. Yes No

Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____

Home Address: _____
Address City ST

Phone Number: _____ Work/Cell Number: _____

County/School District where you were fingerprinted: _____

Employer: _____

Employer Address: _____

Employer Phone Number: _____ Employer Email: _____

Supervisor/Contact: _____

Indicate Type of Badge you are requesting:
(State replace badge \$10.00, HCPS County Replacement Badge \$8.00) State County Both

Submit Request to: fingerprinting@sdhc.k12.fl.us
(Please attach copy of your current State Badge)
Phone Number: 813-840-7178

OFFICE USE ONLY

Date Received: _____

Approved Denied Approved by: _____ Date: _____

Date Fingerprinted: _____ Expiration Date: _____