



## West Linn-Wilsonville School District

### DATA INFORMATION FORM FOR FINGERPRINTING

This is an internal document used to relay information to Human Resources prior to beginning the fingerprinting process. Please complete, scan and email this form to Casey Fenner in Human Resources at fennerc@wlwv.k12.or.us

Start Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First (Name at Birth) Full Middle (No Initials)

Primary Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

<b>List all Other Names Used Including Maiden Name (s)</b>	→	_____ _____ _____
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Have you ever worked for this District?  Yes  No

If yes, when \_\_\_\_\_

If you have been fingerprinted by another Oregon School District, please provide information below:

Name of District: \_\_\_\_\_ Date: \_\_\_\_\_

Are you a current Oregon Licensed Teacher?  Yes  No

<b>COACHING ONLY (Signature Required)</b>	
_____ Athletic Director	_____ Date