



**SECTION 1/FINGERPRINT BACKGROUND WAIVER CONTINUED – COMPLETE ALL FIELDS**

APPLICANT'S <u>LAST</u> NAME (PRINT LEGIBLY)		APPLICANT'S <u>FIRST</u> NAME	
APPLICANT'S ADDRESS		APPLICANT'S CITY/STATE/ZIP	
APPLICANT'S E-MAIL ADDRESS		APPLICANT'S HOME OR CELL PHONE #	
LIST ALL FELONY OR CRIMES OF MORAL TURPITUDE CONVICTIONS. USE ADDITIONAL PAPER IF NEEDED. IF NONE, WRITE NONE IN YEAR FIELD.			
YEAR	CITY/STATE	CONVICTED OF	SENTENCE

**SECTION 2/SCHOOL INFORMATION**

NAME OF SCHOOL	PRINTED NAME OF SCHOOL OFFICIAL	SCHOOL OFFICIAL'S POSTION			
		SCHOOL OFFICIALS PHONE NUMBER			
<b>Applicant is being fingerprinted under NRS 394.465 (1) select category</b> INSTRUCTIONAL    ADMINISTRATIVE    FINANCIAL    SCHOOL DIRECTOR    PERSONNEL OFFICER    COUNSELOR ADMISSION REPRESENTATIVE    FINANCIAL AID OFFICER    SOLICITOR    CANVASSER    SURVEYOR    AGENT					
I certify that I have reviewed the information on this form as provided by the applicant.  _____ SIGNATURE OF <u>SCHOOL OFFICIAL</u> /DATE SIGNED					

**SECTION 3/CPE INFORMATION**

Commission on Postsecondary Education 1860 E. Sahara Las Vegas NV 89104 702-486-7330 www.cpe.nv.gov	SIGNATURE OF CPE STAFF	<b>NV920410Z</b> <b>880236</b> <b>NRS 394.465</b>
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**SECTION 4/ENTITY TAKING FINGERPRINTS (Do not process without CPE staff signature and stamp)**

STAMP/SIGNATURE OF ENTITY TAKING AND SUBMITTING FINGERPRINTS	DATE
	TCN #

Return completed form to CPE by mail or email to [sbeckett@detr.nv.gov](mailto:sbeckett@detr.nv.gov)

Applicant:		
_____	_____	
Initial	Date	Page 2 of 2