

EdAdvance's

Fingerprint Requisition Form

for CT Technical School High School, Charter School, or Magnet School Volunteer

Litchfield Office
355 Goshen Road
P.O. Box 909
Litchfield, CT 06759-0909
Phone: 860.567.0863

Danbury Office
4 Mountainview Terrace
Suite 201
Danbury, CT 06810
Phone: 203.791.1904

www.edadvance.org



Effective **December 1, 2017** the State Fee increased from \$50 to **\$75** to fingerprint volunteers, who fall under the statutes, Adam Walsh Child Protection Act & Safety Act "AWA" Volunteer OR National Child Protection Act/Volunteers for Children's Act "NCPA/VCA" Volunteer. The FBI Fee is still at \$10.75.

Need to Make a Fingerprint Appointment?

Call EdAdvance:

If you would like to make a fingerprint appointment at our Litchfield or Danbury location, you may call our Litchfield office 860.567.0863 to schedule an appointment in Litchfield or call our Danbury office 203.791.1904 to schedule an appointment in Danbury. Both offices are open Monday – Friday between the hours of 8:30 am – 4:30 pm



VOLUNTEER:

Fees Reflected Below: Please **note** EdAdvance will honor an \$8 discount off their regular \$24 processing fee to \$16.00 ONLY if your school is located in one of our 30 membership district towns.

Please bring with you:

- Certified Bank Check or Money Order in the amount of **\$85.75** (\$75 State fee + \$10.75 Federal fee for a Volunteer) made payable to EdAdvance and this completed form. **NOTE:** Cash, Credit Card, Debit Card or Personal Checks will **NOT** be accepted.
- Government-issued photo ID, such as a driver's license or passport, social security number, birth date and place of birth.
- A copy of the **Criminal History Record Information Requisition Form** for a volunteer with the appropriate box "checked off". Your school will complete, state & sign and provide you with this form. **Note:** If the Federal Statute chosen on the **CHRI** Requisition Form is the National Child Protection Act (NCPA)/Volunteers for Children's Act (VCA) Volunteer you will need to complete for your school a NCPA/VCA Waiver and Consent Form.

SCHOOL PERSONNEL (Please check appropriate box):

- Please bill our school district for EdAdvance's discounted processing fee of **\$16.00 only**. (Checking this box will apply only if Volunteer brings payment of **\$85.75**, as reflected in the 1st bullet above.)
- Please bill our school district for EdAdvance's **FULL** Volunteer fingerprint expense of **\$101.75** (\$75 State fee + \$10.75 Federal fee for a Volunteer + \$16.00 EdAdvance's discounted processing).

Volunteer's Name: _____

Position: _____

School District Name: _____ Date: _____

Authorized by: _____

Authorized Signature: _____

