

CERTIFICATION OF SUBMISSION OF FINGERPRINTS

I, _____, a duly certified law enforcement officer or employee within and for _____ hereby certify that I personally fingerprinted the individual whose photo identification is copied onto this sheet and that I further certify that the completed fingerprint cards, together with the subject's check in the amount of \$39, was sent by first class mail with appropriate postage to the South Dakota Division of Criminal Investigation, 500 East Capitol Avenue, Pierre, South Dakota 57501, requesting that state and federal criminal background information checks be conducted of said individual and that the results thereof sent to the Wall School District, Post Office Box 414, Wall, South Dakota 57790.

Date

Officer

Date

Applicant

