

VOLUNTEER FINGERPRINT SUBMISSION INFORMATION FOR THE ROBERTS ACADEMY:

This form must be **completed and given to the front office** at the Roberts Academy **before your appointment**. You do NOT need to take this form with you to your appointment.

If prompted to enter a contact for the results to be sent to: jfreedman@flsouthern.edu (Dr. Jill Freedman)

Provider Name: The Roberts Academy

Provider ID: 535505

Provider Type: Private School

Volunteer: VDOEPRIV3

Please take a valid ID to your appointment (e.g. driver's license).

First Name: _____

Middle Initial: _____

Last name: _____

Home Address: _____

Daytime Home Phone: _____

Cell Phone: _____

Email: Receipt: _____

Date of Birth: _____

Height: _____

Weight: _____

Gender: _____

Race: _____

Hair Color: _____

Eye Color: _____

State Born in: _____

Country of Citizenship: _____

Social Security #: _____

Driver's License #: _____

State Driver's License Issued: _____