BACHELOR DEGREE NURSING
Criminal Justice Training Fingerprint Information Sheet

The fee for processing is $100.00. We accept cash, checks, or credit. Please make checks payable to Indian River State College. Please carefully read the directions and fill in the responses as indicated below.

1. Name: ________________________________________________________
   Last                                      First                              Middle
2. Date of Birth: Example 1965-08-25 ________________________________
   Year/Month/Day
3. Place of Birth:
   If born in the United States, indicate State _______________________
   If born in Canada, indicate Province_____________________________
   If born outside of the United States, indicate Country __________
4. Gender:
   □ Male
   □ Female
5. Race:
   □ Asian
   □ Black
   □ American Indian/Alaskan Native
   □ White/Hispanic
   □ Unknown
6. Color of Eyes _____________
7. Color of Hair ______________
8. Height _____ft. _____in.
9. Weight _________lbs.

SUBMIT FORM ALONG WITH THE $100 DOLLAR FEE, CASH OR CHECK MADE PAYABLE TO IRSC TO:

NURSING DEPARTMENT  H-234
3209 VIRGINIA AVENUE
FORT PIERCE  FL 34981

Revised on 9/14/10