

## St. Therese Church

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## Fingerprint / Criminal Background Check Reimbursement Form

Revised: December 22, 2010

**This form is for St. Therese Teacher & Employees Only**

Please reimburse me for the fees associated with fingerprinting:

Please note that \$11 fees for missed appointments are not reimbursed.

PRINT CLEARLY:

Date of Request:	
Name:	
Address:	
City / State / Zip	
Phone (daytime)	

- Attach a copy of the **MorphoTrak Inc. Universal Fingerprint Form**
- Attach a copy of the MorphoTrak receipt (you will receive this when you are fingerprinted)
- Attach a copy of the State Fingerprint Release Receipt

Reimbursement Amounts: (please check those that apply)

- Morpho Trak Fingerprinting \$70.25
- State Fingerprint Release \$11.00

Reimbursement will be mailed to the address you indicate above in approximately 2 weeks.

FOR OFFICE USE ONLY:	
Reimbursement Approved:	
Department:	SCHOOL
Check Number:	
Date Mailed:	