



José M. Torres, Ph.D., Superintendent

School District U-46
Human Resources Offices
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U-46.org

PERMISSION TO FINGERPRINT

PARENT VOLUNTEERS

_____ is being considered as
(Name)

a parent volunteer at _____.
(School)

(Principal)

(Date)

Volunteers - please fill out information below:

Name _____
(please print)

Phone _____

Email _____

Please bring a photo ID with you.

Fingerprinting will be done in Human Resources between the hours of 8:00 A.M. and 4:00 P.M.