

**MIAMI-DADE COUNTY PUBLIC SCHOOLS  
SERVICE PROVIDER INPUT DOCUMENT**

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Alias \_\_\_\_\_

Sex \_\_\_\_\_ Ethnicity \_\_\_\_\_ DOB \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

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Date: \_\_\_\_\_

To the Office of M-DCPS Fingerprinting:

I request that the above-mentioned person be fingerprinted to provide services to students as a

SOE Service-Learning/Field Experience and/or Educator Preparation Institute...  
(Coach, Outreach Support, SOE Service-Learning Student/ Field Experience Student, Agency Employee)

Dr. Susan Neimand  
Name Typed

Miami Dade College  
School of Education

*Dr. Susan Neimand*  
Signature