**BACKGROUND SUBMISSION CHECKLIST**

Background Submission Cover Sheet

**Central Registry (Department of Family Services)**

SS-26 Agent; non-fillable form

* Page 1

Name of person being screened

On behalf of employer

* Page 2

Names  SSN  DOB

Ethnicity  Gender  Current Address

Past address  Children  Access Information

Original signature (in blue ink)  Signature date (in blue ink)

**Criminal History Record Information (Federal Bureau of Investigation/Department of Criminal Investigation**

FBI/DCI Fingerprint card(s)

**Required Fields and information (Use FBI-DCI Code List for correct codes)**

Last Name  First Name  Middle Name (if no middle name place NMN)

Address (physical with city, ST, ZIP)

Citizenship (see FBI-DCI code list item #4) Sex  Race (see FBI-DCI code list Item #1)

Height (format ; ex: 5’07” = 507)

Weight  Eyes (see FBI-DCI code list item #2)  Hair (see FBI-DCI code list item #3)

Place of Birth (see code list item #4)  SSN

Date prints taken  Signature of Fingerprint Official

Employer Address: **Wyoming Department of Health**

**2300 Capitol Ave -4th Floor**

**Cheyenne, WY 82002**

Reason fingerprinted: **Employee with access to vulnerable individuals W.S. 7-19-201**

**Sticky note identifying any missing or partial finger.**

**Noncriminal Justice Applicant’s Privacy Rights** – This document is not required to be returned with your application. It **must** be provided to the applicant prior to submitting their fingerprints. If you did not receive a copy of this document, please email [wdh.backgroundcheck@wyo.gov](mailto:wdh.backgroundcheck@wyo.gov) to request one.

**Payment**

Direct Pay  Invoice

Account Name  Account Number  Amount