

SECTION IX ATHLETICS

Fingerprint Certification Form

Name: _____

Address: _____

S.S. #: _____

The signature below indicates that the above official has been fingerprinted by Orange Ulster BOCES.

Signature: _____

Date: _____

Prospective Official – Once this form has been filled out completely and signed by Orange Ulster BOCES fingerprinting staff, please return the form to:

Office of Interscholastic Athletics
Orange Ulster BOCES
53 Gibson Road
Goshen, NY 10924

OR

Fax to:

(845) 291-7306