

NEW YORK IDENTOGO CARDSKAN AUTHORIZATION FORM

SIGN AUTHORIZATION:

I hereby affirm that the information contained in the pre-enrollment and completed fingerprint card are true and do not contain any false statements or omissions of any material information or facts.

X _____

Signature

Date

PROVIDE APPLICANT CONTACT INFORMATION:

Print Applicant Name (Last, First, Middle)

Applicant Date of Birth (MM/DD/YYYY)

Phone Number

Email or Phone 2