

## TESTAMENT FORM

### FOR FINGERPRINT RECIPROCITY

**Approved states for fingerprints only:**

Alabama	Georgia	New Mexico	Vermont
Arkansas	Idaho	North Dakota	Washington
California	Minnesota	Oregon	Wisconsin
Colorado	Nebraska	South Carolina	Wyoming
Florida	Nevada	Utah	

I certify that I have been fingerprinted in \_\_\_\_\_.  
(Approved state)

Social Security Number: \_\_\_\_\_  
(For identification purposes only)

Effective January 1, 2008, per Arizona State Statute A.R.S § 15-106, all teachers and persons who are required to be fingerprinted to work in the classroom are required to have an **Identity Verified Prints (IVP)** fingerprint clearance card. You will need to contact the Department of Public Safety (DPS) at 602-223-2279 and request an **Identity Verified Prints (IVP)** fingerprint packet.

I have enclosed proof (pink or yellow copy application) of having applied for an **IVP** Fingerprint Card.

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Applicant's Signature
Date

\*PURSUANT TO A.R.S. 15-534.03, EACH EDUCATOR MUST NOTIFY THE DEPARTMENT OF EDUCATION OF ANY CHANGE OF ADDRESS WITHIN THIRTY DAYS. CHANGE OF ADDRESS FORMS ARE AVAILABLE ON OUR WEBSITE.

All documentation, including transcripts, becomes the property of The Arizona Department of Education and will not be returned. Requirements may be subject to change and are fully referenced in the Arizona Revised Statutes and Administrative Code.