

**MERCED UNION HIGH SCHOOL DISTRICT  
Fingerprint Worksheet – Contractors/Consultants**

This form should be completed by an administrator and submitted to Alan Peterson, Assistant Superintendent/CBO at the MUHSD District Office. A determination will be made as to the need to have the contractor/consultant fingerprinted. The contractor/consultant shall not be in contact with students until the administrator submitting this form is notified to proceed.

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

Name of Contractor/Consultant: \_\_\_\_\_

Date(s) Contractor/Consultant will be on campus: \_\_\_\_\_

- 1. Is the service to be provided an emergency or exceptional situation whereby pupil health or safety is endangered or where repairs are needed to make school facilities safe and habitable?**

**YES or NO (circle one)**

If yes, please explain:

- 2. Describe what contact contractor/consultant will have with pupils.**

A. What length of time the contractor/consultant will be on school grounds?

B. Will students be in the proximity with the site where the contractor/consultant will be working?

- 3. Will the contractor/consultant be working by themselves or with others while on the school site? (Explain)**

- 4. Will the contractor/consultant be under constant and continuous observation of a school district employee (the school district employee will always be in the presence of the contractor/consultant) while the contractor/consultant is on the school site? If yes, name the school employee.**

**YES or NO (circle one)**      **Name of Employee:** \_\_\_\_\_

Name of Administrator Submitting Form: \_\_\_\_\_

Administrator's Signature: \_\_\_\_\_