



ELECTRONIC FINGERPRINT/BACKGROUND SCREENING PROCESS

The Diocese of St. Petersburg has implemented a state of the art electronic fingerprint/background system which will better serve the needs of our diocesan community by allowing the school/parish to directly receive screening results via a secure site.

To facilitate this process, On-Line Registration and a scheduled appointment will be required. (we are unable to accommodate walk-ins without appointments).

Following is an outline of the new process:

- 1) Registration must be made on-line at: <http://diocese.sofn.net>.
- 2) Step by step instructions are provided - enter information under all "red" fields. It is important to select the correct parish/school where you volunteer or are employed.
- 3) You will be prompted to schedule an appointment at one of the fingerprinting centers – you will receive an e-mail confirmation.
- 4) Upon completion of all required "red" fields, you will be provided with a "bar code" - you must have this code number with you at the time of your appointment along with the Government issued Identification card you entered under "Type of Identification".
- 5) Please make every effort to attend your appointment - contact your appointment center if you need to reschedule.
- 6) Results will be forwarded to the designated secure site you indicated on your registration and to the Fingerprinting Department at the Diocese of St. Petersburg.
- 7) The billing of \$50 will be made directly to your school or parish. No payment will ever be accepted at the fingerprint site.

IF YOU ARE UNABLE TO REGISTER ON-LINE, YOU CAN CONTACT THE FOLLOWING PRIDEROCK CUSTOMER ASSISTANCE NUMBER TO REGISTER: 877-323-8885.

If you have any questions or concerns, please contact Margaret Loflin, Fingerprinting Department, Diocese of St. Petersburg, 727-344-1611 ext 339 or e-mail: mrl@dosp.org.

**Level II Fingerprinting
Holy Family Catholic School**

Name(s): _____

Date of Fingerprinting: _____

Where: _____

Cost is \$50.00 per person.

Please make checks payable to: Holy Family Catholic School

**We also take Visa or MasterCard, please come into the school
between the hours of 8:00-4:00pm Monday-Friday.**

**Please submit this form with payment to the school office
before your appointment.**

9/2007

For Office Use only:

Amount: _____ **Check Number:** _____ **Date:** _____ **Cleared:** _____