

Fingerprint Redissemination Request

Denise Juneau, Superintendent Montana Office of Public Instruction	Montana Office of Public Instruction Attn: Educator Licensure P.O. Box 202501 Helena, MT 59620-2501 www.opi.mt.gov/cert	To contact Educator Licensure 406-444-3150 or cert@mt.gov
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Admin. R. Mont. 10.57.201A requires all applicants for initial licensure or reinstatement of former licensure complete a fingerprint based background check.

If your fingerprint result is on file with the Office of Public Instruction, a Montana public school or public school district, or a unit of the Montana university system, those results can be distributed from one public education entity to another, as long as the result is less than 2 years old.

It is against FBI policy for results to be shared across state lines or from private institutions (colleges and universities, or private schools).

Applicant Information

Last Name	First Name	Middle Initial
Folio ID (assigned by OPI)	Former Name(s) (Maiden or Other)	
Date of Birth	Last four digits of your SSN	

I authorize	<input type="radio"/> The Office of Public Instruction; or	
	<input type="radio"/> a Unit of the Montana University System; or	Select a university <input style="width: 100%;" type="text"/>
	<input type="radio"/> Montana Public School or School District	Enter name of school or district <input style="width: 100%;" type="text"/>

to share the results of my fingerprint based background check with

<input type="radio"/> The Office of Public Instruction; or	
<input type="radio"/> a Unit of the Montana University System; or	Select a university <input style="width: 100%;" type="text"/>
<input type="radio"/> Montana Public School or School District.	Enter name of school or district <input style="width: 100%;" type="text"/>

If you are requesting the OPI to distribute your fingerprint results to a Montana university, or Montana public school or school district, please provide the name, address and telephone number of the specific person you wish to receive the background check results:

Recipient Name	Address		
City	State	Zip Code	Recipient Phone

Signature of Applicant	Printed or typed name of applicant	Date
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