

**South Carolina Department of Social Services
Office of Investigation
STATE AND FEDERAL FINGERPRINT REVIEW TRANSMITTAL FORM
(RESUBMIT ONLY)**

Complete and return this form with the new fingerprint cards to the following address:

South Carolina Department of Social Services
Office of Investigation
3150 Harden Street
Columbia, S.C. 29203

This Block For Department Use Only

Facility Name: _____

License/Registration/Approval No.: _____
(Leave blank for new facility)

Facility Address: _____

County: _____

Director/Operator: _____

Telephone: _____

Print names legibly on transmittal form and fingerprint cards or they will be returned.
Copy and use additional pages as needed.

List all caregivers whose fingerprint card is being submitted. Name (as it appears on fingerprint card)	Social Security No.	Date of Birth	Specify if Volunteer	SLED Use Only
Example: Jane Diane Smith	999-99-9999	7/1/75	Volunteer	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
(12)				
(13)				
(14)				
(15)				