

Butte School District No. 1  
111 N. Montana St.  
Butte, MT 59701

### DECLARATION

This form is to be completed by the agency taking the fingerprints and is intended to confirm that valid identification (i.e., a driver's license or other type of photograph identification) was presented at the time the fingerprints were taken. It is not intended that the confirming agency validate or affirm for authenticity of either the identification card presented or the identity of the person.

Name of Agency: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone No: \_\_\_\_\_

I, \_\_\_\_\_, state that on this day, I prepared the attached fingerprint  
(Name of Person taking Fingerprints)

card for \_\_\_\_\_, a person who appeared before me and displayed  
(Name of Person Being Fingerprinted)

to me the following form of identification:

\_\_\_\_\_, \_\_\_\_\_, which identification  
(Type of ID) (ID Number)

contained his or her name and that which appeared to be his or her photograph.

I declare under penalty of perjury that the foregoing is true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date