

The following information must be submitted to the Department of Corrections in order for them to run a Florida Department of Law Enforcement (FDLE) Florida Crime Information Center/National Crime Information Center (FCIC/NCIC) background/criminal records check. You may communicate this information to ArtSpring via mail, phone, facsimile transmission or electronic mail over the Internet. Note that ArtSpring keeps personal information in the strictest of confidence and employs measures in the use of facsimile machines and computer technology that are designed to maintain data security. While we use our best efforts to keep such communications secure, please recognize that we have no control over the unauthorized interception of these communications once they have been sent.

First Name: Middle Initial: Last Name:

Driver's License No: State issued:

Date of Birth: Race: Gender:

Please provide the following information should ArtSpring need to contact you.

Note: We must have a cell phone number to reach you the day of the presentation.

Please let us know if you do not carry a cell phone.

Address:

City: State: Zip code:

Home phone: Work phone:

Cell phone: Email address:

Please share with us how you came to learn about this event and/or who referred you:

Please return this information to ArtSpring, Inc. via one of the following methods:

Email: artspring@artspring.org

Fax: 305-278-1602

Phone: 305-278-1601

Mail: PO Box 343432
Florida City, FL 33034