

# Fingerprint Guidelines

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FINGERPRINT INSTRUCTIONS FOR  
KANSAS TEACHER LICENSURE



*Kansas leads the world in the success of each student.*

September 4, 2025



# FINGERPRINT GUIDELINES: FINGERPRINT INSTRUCTIONS FOR KANSAS TEACHER LICENSURE

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# Fingerprint Requirement for Licensure

The Kansas State Board of Education adopted regulation changes regarding requirements for a fingerprint-based records check. **These changes will affect veteran educators who have never submitted fingerprints** as part of any previous application for a Kansas certificate or license issued by the Kansas State Department of Education (KSDE).

## Fingerprint Requirement

If you are submitting any of the following, you will be required to submit a complete set of fingerprints, and a \$57 fingerprint processing fee:

- First Kansas certificate or license
- Renewal of an expired Kansas certificate or license
- If the applicant has never submitted fingerprints as part of any previous application for a Kansas certificate or license, submit fingerprints\* at the time of the next license application

## Time requirements to consider

If this is your first license or your license is expired, **make sure you submit your license application and fee no later than six months after you submit the fingerprint card\* and fee** or you will be required to submit a new card and fee.

*\* You must use the Kansas preformatted card (FBI, FD258). Only one card is required.*

# Fingerprint Instructions

## Step 1

Schedule your appointment:

- Call your local law enforcement agency or fingerprint entity to **schedule an appointment.**
- Ask** if they use **Livescan** with electronic submission directly to Kansas Bureau of Investigation (KBI). *Please note, this option only available in Kansas.*

**If yes:** Skip step 2 of the **Livescan** section of this document.

**If no:** **Confirm** that the agency has the **Kansas Preformatted Card (FBI, FD 258)\*** fingerprint card.

**If the fingerprint entity does not have the required form** (available online [here!](#)).

## Step 2

What to bring with you to your appointment:

- Blank fingerprint packet** attached only needed if Livescan electronic submission is not available.
- At least one form of **picture ID.**
- Background Waiver Form** (available online [here?](#)).
- Check or cash:** Agencies may charge a fee to take your prints. *This is separate from the \$57 charged by KBI to conduct background checks.*
- \$57 check or money order, made payable to KSDE.** *This fee needs to be sent to KSDE in the same envelope with your completed fingerprint card.\**
- DO NOT COMBINE** the background fee and the license application fee.
- Bring a pre-addressed, stamped envelope** large enough to accommodate the fingerprint card.

Mailing address:

KSDE  
Teacher Licensure  
900 SW Jackson Str Ste 102  
Topeka KS 66612-1212

## Step 3

During your appointment:

- Complete the personal information** on the fingerprint card, **as directed by the officer** taking your prints.
- Have the officer** place the following into the stamped, pre-addressed envelope, seal it and mail it directly to KSDE:
  1. Completed card.
  2. \$57 background fee.
  3. Completed background waiver form.

<sup>1</sup> KSDE Fingerprint Requirement for Licensure webpage: <https://www.ksde.gov/Agency/Division-of-Learning-Services/Teacher-Licensure-TL/Fingerprint-Information>

<sup>2</sup> Kansas Bureau of Investigation. (n.d.). *Revised 03/2023 Waiver and FBI Privacy Act Statement with ID verification.* [https://www.kansas.gov/kbi/info/docs/pdf/Waiver%20and%20FBI%20Privacy%20Form%20with%20id%20verification%20\(NCPA%20REQUIRED\)%2008.2023.pdf](https://www.kansas.gov/kbi/info/docs/pdf/Waiver%20and%20FBI%20Privacy%20Form%20with%20id%20verification%20(NCPA%20REQUIRED)%2008.2023.pdf)

# Livescan Instructions

## Step 1

Schedule appointment:

- Call your local law enforcement agency or fingerprint entity to **schedule an appointment.**
- Ask** if they use **Livescan** with electronic submission directly to the KBI. *Please note, this option only available in Kansas.*

**If yes: Move to Step 2.**

## Step 2

What to bring with you to your appointment:

- At least one form of **picture ID.**
- Livescan instruction attached.
- Background Waiver Form** (available online [here](#)<sup>2</sup>).
- Check or cash:** Agencies may charge a fee to take your prints. *This is separate from the \$57 charged by KBI to conduct background checks.*

## Step 3

During your appointment:

- Complete the personal information, as directed by the officer** taking your prints.
- Provide the officer** taking your prints with the KSDE code: **902KS1600**

## Step 4

After your appointment:

- Log into [Kansas Licensure Application System \(KLAS\)](#)<sup>3\*</sup> *If you are a new user you will need to register.*
- Click the Fingerprint Payment Portal.
  4. Fill out applicant form.
  5. Upload signed waiver.
- Return to welcome screen.**
- Print to review data** that will be submitted to KSDE.
- Pay** (button will appear below when 1 and 2 are complete)
- Print Report**
- Log off**

**\* DO NOT PAY BEFORE YOUR PRINTS ARE SUBMITTED.** Only pay online if you are using Livescan for your fingerprints.

<sup>3</sup> KSDE. KLAS User Authentication. (n.d.). [https://appspublic.ksde.gov/KLAS\\_userAuth/](https://appspublic.ksde.gov/KLAS_userAuth/)

# Fingerprinting Information

## Applicant

The following documents are required to be taken with you to the fingerprinting agency. Failure to provide any of these documents may result in refusal to have fingerprints taken.

- Government issued photo ID
- Waiver and Privacy Statement
- Fingerprinting Information document
- 9x12 stamped envelope addressed to (to mail waiver statement back to your agency):

Mailing address:

KSDE  
Teacher Licensure  
900 SW Jackson Str Ste 102  
Topeka KS 66612-1212

## Fingerprinting Agency

Please verify identity with government issued photo ID. *If needed, complete the "To Be Completed By the Fingerprinting Agency" portion of the Waiver and Privacy Statement found on page 3.* Please place the waiver statement in the provided envelope and mail.

**Military ID's:** THIS IS FOR ACTIVE MILITARY SPOUSES ONLY. Please enter this in the MISC dropdown box of your livescan. **This is important for billing reasons.**

Branch: \_\_\_\_\_

ID Number: \_\_\_\_\_

**This agency has been approved by the KBI. Please submit completed fingerprint submission via livescan.**

## Fingerprint Card Type

### 42 Civil – State and Federal Identification Fee

Reason Fingerprinted:

82 - ADAM WALSH

Processing Fee Code:

Fee Billed to Agency

Originating or Agency Account Number (AAN):

902KS1600 – KANSAS STATE BOARD OF EDUCATION

\*If you have any questions, please call the **KBI Ident Unit at (785) 296-4038.**

Print the **KBI Background Waiver Form** (available online [here](#)<sup>2</sup>) to take with you to your scheduled appointment.

**WAIVER AGREEMENT  
AND  
FBI PRIVACY ACT STATEMENT**

Fingerprint-Based Record Checks for Noncriminal Justice Purposes

I hereby authorize (*Name of Authorized Recipient*) \_\_\_\_\_ to submit a set of my fingerprints to the Kansas Bureau of Investigation (KBI) for the purpose of identifying me and accessing and reviewing Kansas and/or national criminal history records that may pertain to me. The fingerprints are authorized to be submitted under the authority of the National Child Protection Act/Volunteers for Children Act (NCPA/VCA) explained in Public Law (Pub. L.) 103-209 and Pub. L. 105-251. Pursuant to K.S.A. 22-4701 et seq., K.S.A. 22-5001, K.S.A 75-712i, and 2022 Kansas Laws Ch. 92, § 1 (Senate Sub. for H.B. 2495), the Authorized Recipient may obtain my criminal history record information for noncriminal justice purposes. By signing this waiver, it is my intent to authorize release to the above-referenced Authorized Recipient of any Kansas and/or national criminal history record that may pertain to me. I further understand that, if applicable, the Authorized Recipient may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities until the criminal history background check is completed.

I understand that, upon my request, the Authorized Recipient will provide me a copy of the criminal history background report, received on me, for the purpose of challenging the accuracy and completeness of any information contained in any such report. I may be afforded a reasonable amount of time to correct or complete the criminal history record (or decline to do so) before the Authorized Recipient makes a final decision about my status as an employee, volunteer or contractor, or my eligibility for any pertinent license, certification or registration, or adoption. See 28 CFR 50.12(b).

I understand that officials receiving the results of the criminal history record check are to use those results only for authorized purposes and are prohibited from retaining or disseminating such results in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council. See 5 United States Code (U.S.C.) 552a(b); 28 U.S.C. 534(b); 34 U.S.C. 40316, Article IV(c); 28 CFR 20.21(c), 20.33(d), 906.2(d); and 2022 Kansas Laws Ch. 92, § 1 (Senate Sub. for H.B. 2495).

I understand that my fingerprints will be retained by the KBI and/or the Federal Bureau of Investigation if the Authorized Recipient participates in the state or national Rap Back program for continued suitability for being an employee, volunteer or contractor, or eligibility for any license, certification, registration, or adoption. The Rap Back program will notify the Authorized Recipient when there are updates to my criminal history record. Once I am no longer employed, a volunteer contractor, licensed, certified, registered, or seeking adoption, the Authorized Recipient shall request my fingerprints be removed from the state and/or national Rap Back program.

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Kansas Bureau of Investigation. Revised 03/2023 Waiver and FBI Privacy Act Statement with ID verification.  
[https://www.kansas.gov/kbi/info/docs/pdf/Waiver%20and%20FBI%20Privacy%20Form%20with%20id%20verification%20\(NCPA%20REQUIRED\)%2008.2023.pdf](https://www.kansas.gov/kbi/info/docs/pdf/Waiver%20and%20FBI%20Privacy%20Form%20with%20id%20verification%20(NCPA%20REQUIRED)%2008.2023.pdf)

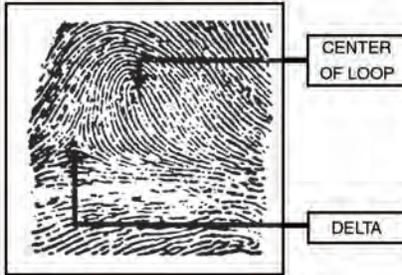
Complete the personal information (see highlighted areas on the example below) on the fingerprint card, as directed by the officer taking your prints. MNU Armed Forces area is only necessary for currently serving military or their spouse.

<b>APPLICANT</b> <small>** See Privacy Act Notice on Back</small>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK				FBI		LEAVE BLANK	
FIJ-258 (Rev 9-9-13) 1110-0046		SIGNATURE OF PERSON FINGERPRINTED		LAST NAME <b>NAM</b>		FIRST NAME		MIDDLE NAME			
RESIDENCE OF PERSON FINGERPRINTED				ALIASES AKA		O R I				DATE OF BIRTH <b>DOB</b> Month Day Year	
DATE	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS			CITIZENSHIP CTZ	SEX	RACE	HGT.	WGT.	EYES	HAIR	PLACE OF BIRTH <b>POB</b>
EMPLOYER AND ADDRESS		REASON FINGERPRINTED		YOUR NO. <b>OCA</b>	LEAVE BLANK						
				FBI NO. <b>FBI</b>	CLASS _____						
				ARMED FORCES NO. <b>MNU</b>	REF. _____						
				SOCIAL SECURITY NO. <b>SOC</b>							
				MISCELLANEOUS NO. <b>MNU</b>							
1. R. THUMB		2. R. INDEX		3. R. MIDDLE		4. R. RING		5. R. LITTLE			
6. L. THUMB		7. L. INDEX		8. L. MIDDLE		9. L. RING		10. L. LITTLE			
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY				L THUMB		R THUMB		RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY			

**FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE  
CJIS DIVISION/CLARKSBURG, WV 26306**

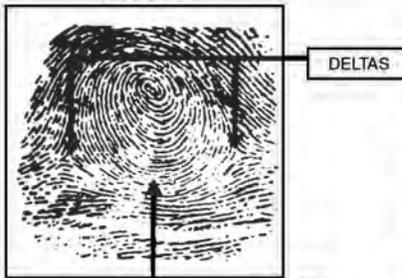
# APPLICANT

**1. LOOP**



THE LINES BETWEEN CENTER OF LOOP AND DELTA MUST SHOW

**2. WHORL**



THESE LINES RUNNING BETWEEN DELTAS MUST BE CLEAR

**3. ARCH**



ARCHES HAVE NO DELTAS

FD-258 (REV. 9-9-13)

**THIS CARD FOR USE BY:**

1. LAW ENFORCEMENT AGENCIES IN FINGERPRINTING APPLICANTS FOR LAW ENFORCEMENT POSITIONS.\*
2. OFFICIALS OF STATE AND LOCAL GOVERNMENTS FOR PURPOSES OF EMPLOYMENT, LICENSING, AND PERMITS, AS AUTHORIZED BY STATE STATUTES AND APPROVED BY THE ATTORNEY GENERAL OF THE UNITED STATES. LOCAL AND COUNTY ORDINANCES, UNLESS SPECIFICALLY BASED ON APPLICABLE STATE STATUTES DO NOT SATISFY THIS REQUIREMENT.\*
3. U.S. GOVERNMENT AGENCIES AND OTHER ENTITIES REQUIRED BY FEDERAL LAW.\*\*
4. OFFICIALS OF FEDERALLY CHARTERED OR INSURED BANKING INSTITUTIONS TO PROMOTE OR MAINTAIN THE SECURITY OF THOSE INSTITUTIONS.

Please review this helpful information to aid in the successful processing of hard copy criminal and civil fingerprint submissions in order to prevent delays or rejections. Hard copy fingerprint submissions must meet specific criteria for processing by the Federal Bureau of Investigation.

Ensure all information is typed or legibly printed using blue or black ink.  
Enter data within the boundaries of the designated field or block.  
Complete all required fields. (If a required field is left blank, the fingerprint card may be immediately rejected without further processing.)  
\* The required fields for hard copy fingerprint cards are: originating agency identifier number - date of birth - place of birth - name - sex fingerprint impressions - any applicable state stamp - Other (race, height, weight, eye color, hair color)

\* criminal fingerprint cards also require an arrest charge and date of arrest.  
\* civil fingerprint cards also require a reason fingerprinted and date fingerprinted

Do not use highlighters on fingerprint cards.  
Do not enter data or labels within 'Leave Blank' areas.  
Ensure the 'Reply Desired' field is checked when applicable (criminal only).  
Ensure fingerprint impressions are rolled completely from nail to nail.  
Ensure fingerprint impressions are in the correct sequence.  
Ensure notations are made for any missing fingerprint impression (i.e. amputation).  
Do not use more than two retakes per fingerprint impression block.  
Ensure no stray marks are within the fingerprint impression blocks.

Training aids can be ordered online via the Internet by accessing the FBI's website at: [fbi.gov](http://fbi.gov), click on 'Fingerprints', then click on 'Ordering Fingerprint Cards & Training Aids'. Direct questions to the Identification and Investigative Services Section's Customer Service Group at (304) 625-5590 or by e-mail at [cliaison@leo.gov](mailto:cliaison@leo.gov).

**PRIVACY ACT STATEMENT**

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub.L. 92-544, Presidential Executive Orders, and federal. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Social Security Account Number (SSAN).** Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

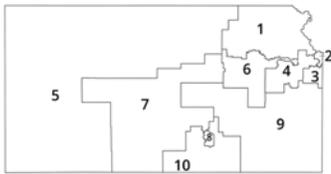
**Additional Information:** The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

**INSTRUCTIONS:**

- \* 1. PRINTS MUST GENERALLY BE CHECKED THROUGH THE APPROPRIATE STATE IDENTIFICATION BUREAU, AND ONLY THOSE FINGERPRINTS FOR WHICH NO DISQUALIFYING RECORD HAS BEEN FOUND LOCALLY SHOULD BE SUBMITTED FOR FBI SEARCH.
2. IDENTITY OF PRIVATE CONTRACTORS SHOULD BE SHOWN IN SPACE 'EMPLOYER AND ADDRESS'. THE CONTRIBUTOR IS THE NAME OF THE AGENCY SUBMITTING THE FINGERPRINT CARD TO THE FBI.
3. FBI NUMBER, IF KNOWN, SHOULD ALWAYS BE FURNISHED IN THE APPROPRIATE SPACE.
- MISCELLANEOUS NO. - RECORD: OTHER ARMED FORCES NO. PASSPORT NO. (FP), ALIEN REGISTRATION NO. (AR), PORT SECURITY CARD NO. (PS), SELECTIVE SERVICE NO. (SS) VETERANS' ADMINISTRATION CLAIM NO. (VA).

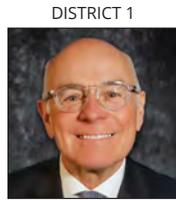


900 S.W. Jackson Street, Suite 600  
Topeka, Kansas 66612-1212  
(785) 296-3203  
[www.ksde.gov/board](http://www.ksde.gov/board)



# Kansas State Board of Education

## BOARD MEMBERS



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Vice Chair  
[Danny.Zeck@ksde.gov](mailto:Danny.Zeck@ksde.gov)



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DISTRICT 5  
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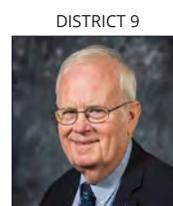
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DISTRICT 10  
Debby Potter  
[Debby.Potter@ksde.gov](mailto:Debby.Potter@ksde.gov)

### SUCCESS DEFINED

A successful Kansas high school graduate has the

- Academic preparation,
- Cognitive preparation,
- Technical skills,
- Employability skills and
- Civic engagement

to be successful in postsecondary education, in the attainment of an industry recognized certification or in the workforce, without the need for remediation.

### OUTCOMES

- Social-emotional growth
- Kindergarten readiness
- Individual Plan of Study
- Civic engagement
- Academically prepared for postsecondary
- High school graduation
- Postsecondary success



### MISSION

To prepare Kansas students for lifelong success through rigorous, quality academic instruction, career training and character development according to each student's gifts and talents.

### VISION

Kansas leads the world in the success of each student.

### MOTTO

Kansans Can

COMMISSIONER OF  
EDUCATION



Dr. Randy Watson  
[Randy.Watson@ksde.gov](mailto:Randy.Watson@ksde.gov)

DEPUTY COMMISSIONER  
Division of Fiscal and Administrative Services



Dr. Frank Harwood  
[Frank.Harwood@ksde.gov](mailto:Frank.Harwood@ksde.gov)

DEPUTY COMMISSIONER  
Division of Learning Services



Dr. Renee Nugent  
[Renee.Nugent@ksde.gov](mailto:Renee.Nugent@ksde.gov)

The Kansas State Department of Education does not discriminate on the basis of race, color, religion, national origin, sex, disability or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following person has been designated to handle inquiries regarding the nondiscrimination policies: KSDE General Counsel, Office of General Counsel, KSDE, Landon State Office Building, 900 S.W. Jackson, Suite 102, Topeka, KS 66612, (785) 296-3201.

*Kansas leads the world in the success of each student.*

July 1, 2025

For more information, contact:

Teacher Licensure  
(785) 296-2288  
[tlalicensure@ksde.gov](mailto:tlalicensure@ksde.gov)



Kansas State Department of Education  
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Topeka, Kansas 66612-1212  
[www.ksde.gov](http://www.ksde.gov)