



HAWAII COUNCIL OF PRIVATE SCHOOLS

1585 Kapiolani Blvd., Suite 1212

Honolulu HI 96814

Phone: 808.973.1540 Fax: 808.973.1545

Criminal History Record Check School Payment Voucher

Name of Applicant: _____

This voucher signifies that _____ will pay the Hawaii
(Name of School)
Council of Private Schools the cost of the above named individual's criminal history record
check and/or fingerprinting performed at the HCPS office.

Signature: _____ Date: _____
(Signature of school's criminal history contact)