

VA – FINGERPRINT RECORD PREP SHEET

(PLEASE PRINT CLEARLY)

Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle

STATE of Birth: \_\_\_\_\_ Country of Birth (if outside US): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Phone # / Ext: \_\_\_\_\_  
YEAR (####) Month (##) Day (##)

Sex:  Male  Female  Other Country of Citizenship (if outside US): \_\_\_\_\_

Race:  Asian  Black  Native American  Unknown  Caucasian/Latino

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Height: \_\_\_\_\_' \_\_\_\_\_" Weight: \_\_\_\_\_  
Ft In lbs

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Check One:

Employee  Pre-Employ  Resident  Student  Volunteer  WOC  Contractor  Courtesy

Service (Department): \_\_\_\_\_ PIV Sponsor: \_\_\_\_\_

Check One:  Full-Time  Part-Time  Temporary  Intermittent  FEE

\*\*\*IF PRE-EMPLOYMENT or Student who will be at facility longer than 6 months COMPLETE BELOW:

City of Birth: \_\_\_\_\_

County of Birth: \_\_\_\_\_

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

Job Title: \_\_\_\_\_

\*\*\*OFFICIAL USE ONLY – To be completed by PIV Office Representative

Notes:



Date Sent: \_\_\_\_\_ Initials: \_\_\_\_\_ Logged: \_\_\_\_\_

Date Fingerprinted: \_\_\_\_\_ Person Capturing Fingerprints: \_\_\_\_\_

CASE #:

NI \_\_\_\_\_ FLAG \_\_\_\_\_ UNCLASS \_\_\_\_\_ OTHER: