

FINGER PRINT CHECK

TEMPORARY BADGE

SPECIALIST: \_\_\_\_\_ SERVICE: \_\_\_\_\_

INITIATION OF EQUIP REQUIRED?  YES  NO

COMPUTER ACCESS REQUIRED?  YES  NO

Print Name (First, Middle, Last): \_\_\_\_\_

Social Security # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR

Place of Birth: \_\_\_\_\_

Gender:  Male:  Female: Race: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Height: \_\_\_\_\_ ' \_\_\_\_\_ " Weight: \_\_\_\_\_

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

TYPE OF REQUEST:  NEW ID  RENEWAL  REPLACEMENT ID (*Damaged/Lost*)  CHANGE LEVEL OF ACCESS

VA EMPLOYEE  CONTRACTOR  VOLUNTEER  AFFILIATE (*Specify*)

"HR USE ONLY"  SAC  NACI  MBI  BI \_\_\_\_\_  
ADJUDICATION DATE INITIALS

**CONSENT**

I authorize the VA to release this information to the Office of Personnel management (OPM) and to the FBI to conduct a check of fingerprints in FBI files. Information received as a result of the fingerprint check will only be provided to those with a need to know.

The information you give us is for the purpose of determining your suitability for Federal employment, study, volunteer service, etc. We will protect it from unauthorized disclosure. The collection, maintenance, and disclosure of this information are governed by the Privacy Act.

This information is required in order to work, train, and volunteer, or otherwise to provide or to receive service with the VA.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Prints completed by: \_\_\_\_\_ (INT) TCN: \_\_\_\_\_

Reason For Printing: New Employee/Equip/Courtesy: SOI: \_\_\_\_\_ SON: \_\_\_\_\_