

REQUEST FOR FINGERPRINTS - SPECIAL AGREEMENT CHECK (SAC)

TYPE OF REQUEST	HR USE ONLY	HR SPECIALIST	REASON FOR PRINTING
SERVICE		eQIP INITIATION REQUIRED YES NO	
JOB TITLE		PRINTS COMPLETED BY	
TCN	SOI	SON	

Last Name, First Name Middle Name		eMail
SSN	DOB	Place of Birth (City, State)
Race	Gender	Hair Color
Eye Color	Height (ft/inches) ' "	Weight (lbs) lbs

CONSENT

I authorize the VA to release this information to the Office of Personnel Management (OPM) and to the Federal Bureau of Investigations (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: _____

*If unable to sign digital form, manually sign and date hardcopy to take to your fingerprinting appointment.

DO NOT DUPLICATE/COPY THIS FORM FOR ANYTHING OTHER THAN ITS INTENDED PURPOSE