

INFORMATION REQUIRED FOR ELECTRONIC FINGERPRINT VERIFICATION:

COMPLETE LEGAL NAME:

LAST

FIRST

MIDDLE

DATE OF BIRTH:

SOCIAL SECURITY:

SEX: M F Other
(CIRCLE ONE)

YEAR-MONTH-DAY

RACE: _____

HEIGHT: _____

WEIGHT: _____

EYE COLOR: _____

HAIR COLOR: _____

PLACE OF BIRTH:

(STATE/COUNRTY) _____

OCCUPATION (ex: RESIDENT, VOLUNTEER, CONTRACTOR, NURSE, etc.):

~~SUPERVISOR~~ **SUPERVISOR/POINT OF CONTACT:**

PHONE # OR EXT#

DEPARTMENT:

EMAIL ADDRESS:

LEGAL RESIDENCE: (ONLY FOR INK PRINTS)

STOP: DO NOT WRITE BELOW THIS LINE. FOR AGENCY USE ONLY.

Date of electronic fingerprint submission: _____ *Initials:* _____

Courtesy Print Information: SON: _____ *SOI:* _____

Check if Ink prints:

Certified Mail Tracking Number for Ink Prints: _____

Date Mailed to OPM-FIPC: _____

Date scanned: _____

Scanned By: _____