



Department of Veterans Affairs
VHA Service Center Personnel Security
6100 Oak Tree Blvd #500
Independence, OH 44131
VSCSecurity@va.gov

CONTRACTOR/EMPLOYEE FINGERPRINTING REQUEST FORM #2

SON: 955C / SOI: VA08 IPAC/OPAC: 3600.1200

(Please see Instructional Form #2a for assistance in completing this form)

**** This form must be taken to the fingerprinting appointment ****

EMPLOYEE INFORMATION (PLEASE PRINT)

Ⓐ Full Legal Name (First Middle Last): _____
Ⓑ SSN Last Four: _____
Ⓒ Contractor (Yes/No): Yes _____

FACILITY INFORMATION

Ⓓ VAMC Name & Location: James E. Van Zandt VA Medical Center, Altoona, PA _____
Ⓔ Station Number: 503 _____
Ⓕ Date Fingerprinted: _____
Ⓖ Method of Fingerprinting: Electronically / Manually _____
Ⓗ Date Card Mailed to OPM*: _____

After fingerprints are captured, return this completed form to your CO/COR for submission to VSC

***If fingerprints are manually taken, please ensure the FD-258 Fingerprint Card is used and that it is mailed directly to OPM at the address below, with this form. All fields on the fingerprint card MUST be completed. Please refer to Instructional Form #2a for an example of a completed fingerprint card. OPM will destroy all cards with incomplete fields. Delivery confirmation is recommended.**

OPM Rapid Response Team / OPM-FIPC
1137 Branchton Rd
Boyers, PA 16020