

Required Information for Fingerprinting

Name:			
	(Last)	(First)	(Full Middle/IO/NMN)
SSN:	Date of Birth: MM/DD/YYYY		<input type="checkbox"/> Male <input type="checkbox"/> Female
Race: (Check One)	<input type="checkbox"/> Chinese <input type="checkbox"/> Japanese (A) <input type="checkbox"/> Filipino <input type="checkbox"/> Korean <input type="checkbox"/> Polynesian		<input type="checkbox"/> Indian <input type="checkbox"/> Indonesian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Samoan <input type="checkbox"/> any other Pacific Islander
	(B) <input type="checkbox"/> Black		
	(I) <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native		<input type="checkbox"/> Eskimo <input type="checkbox"/> Native Person w/Tribal Affiliation
	(U) <input type="checkbox"/> Undeterminable Race		
	(W) <input type="checkbox"/> Caucasian <input type="checkbox"/> Central or South American <input type="checkbox"/> Cuban		<input type="checkbox"/> Mexican <input type="checkbox"/> other Spanish Culture or Origin <input type="checkbox"/> Puerto Rican
Eye Color: (Check One)	<input type="checkbox"/> BLK Black <input type="checkbox"/> BLU Blue <input type="checkbox"/> BRO Brown <input type="checkbox"/> GRN Green <input type="checkbox"/> GRY Gray	<input type="checkbox"/> HAZ Hazel <input type="checkbox"/> MAR Maroon <input type="checkbox"/> MUL Multicolored <input type="checkbox"/> PNK Pink <input type="checkbox"/> XXX Unknown	
Hair Color: (Check One)	<input type="checkbox"/> BAL Bald <input type="checkbox"/> BLK Black <input type="checkbox"/> BLN Blond or Strawberry <input type="checkbox"/> BRO Brown <input type="checkbox"/> GRN Green <input type="checkbox"/> GRY Gray or Partially Gray <input type="checkbox"/> ONG Orange	<input type="checkbox"/> PLE Purple <input type="checkbox"/> PNK Pink <input type="checkbox"/> RED Red or Auburn <input type="checkbox"/> SDY Sandy <input type="checkbox"/> WHI White <input type="checkbox"/> XXX Unknown	
Height:		Weight:	
Place of Birth:	City:	State/Country (if not US):	
If foreign born, Citizenship:			
E-mail address:			
Position Title:		Department/Service:	
Signature:		Date:	
Employer:		EOD/Appt. Date:	
Type of Employee:	<input type="checkbox"/> Employee <input type="checkbox"/> Fee Basis <input type="checkbox"/> Volunteer	<input type="checkbox"/> Resident/Intern <input type="checkbox"/> Temporary Employee <input type="checkbox"/> Contractor	<input type="checkbox"/> Student <input type="checkbox"/> Vet Canteen Svc <input type="checkbox"/> Without Compensation
Reason for Fingerprints: <input type="checkbox"/> SAC <input type="checkbox"/> NACI <input type="checkbox"/> MBI <input type="checkbox"/> BI <input type="checkbox"/> PIV			
Person taking fingerprints:		Date:	
SON: 1685		SOI: VAP9	
		IPAC#: 36001200	