

VA - FINGERPRINT RECORD PREP SHEET

NAME, Last, First, Middle: _____/_____/_____

Social Security Number: _____/_____/_____

Date of Birth, Yr/Month/Day: _____/_____/_____ **Phone #** _____

Sex: _____

State of Birth: _____

Race: _____

Job Title: Resident _____

Eye Color: _____

Current Address: _____

Hair Color: _____

City, State, Zip: _____

Height: Ft/ In/ _____

Weight lbs: _____

Please circle one: Employee Student Volunteer WOC Contractor

Please circle one: Part Time Full Time Temporary

OFFICE USE ONLY:

Date Fingerprinted: _____ **Person Capturing Fingerprints:** _____

ID VERIFICATION. 2 FORMS

Name on ID: _____ **Document ID Number:** _____

Document Type: _____ **Issuance Date(MM/DD/YYYY):** ____/____/____

Expiration Date (MM/DD/YYYY): ____/____/____ **Issuing Authority:** _____

Name on ID: _____ **Document ID Number:** _____

Document Type: _____ **Issuance Date(MM/DD/YYYY):** ____/____/____

Expiration Date (MM/DD/YYYY): ____/____/____ **Issuing Authority:** _____

Case Number: _____

Scheduled Date: _____

Closed Date: _____

FBI Case Number: _____