



DEPARTMENT OF HUMAN RESOURCES
 8115 Gatehouse Road, Falls Church, VA 22042
 571-423-3000

Fingerprint Data Form

PERSONAL INFORMATION

Last Name _____ First _____ Full Middle _____

Address _____ City _____ State _____ Zip Code _____

Sex	Race	Height	Weight	Eye Color	Hair Color	Date Of Birth
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Place of Birth: Country or State _____ Social Security Number * _____

*Providing your social security number is voluntary; however, it is a screening tool that is used for this request to be processed in a timelier manner. Failure to provide this number may result in an inability to process this request due to multiple records with similar names and demographics. Without this additional identifier, the form may be returned to the requestor unprocessed, and the applicant will be required to submit a set of fingerprints along with this request form to determine if this applicant has a criminal record. Numbers provided will be used to help identify the proper record and will be used for no other purpose.

CONTACT INFORMATION

Home Phone _____ Cell Phone _____ Work Phone _____

I certify that the information provided above is true to the best of my knowledge.

Signature _____ Date _____

FOR HUMAN RESOURCES USE ONLY

Background Check Results		
	VSP	FBI
Cleared	<input type="checkbox"/>	<input type="checkbox"/>
Researching	<input type="checkbox"/>	<input type="checkbox"/>
Date _____	Initials _____	

Internal Investigation Results	
<input type="checkbox"/> Eligible	<input type="checkbox"/> Not Eligible – Falsified
<input type="checkbox"/> No Reportable Record	<input type="checkbox"/> Not Eligible Due to Nature of Criminal Record
<input type="checkbox"/> Cleared Through IJIS	<input type="checkbox"/> Other
Date _____	Initials _____