

VISN 9
FINGERPRINT SUBMISSION FORM
*****PRINT CLEARLY*****

NAME (Last, First, Middle)			
OTHER NAMES USED (Include Maiden Name)			
SOCIAL SECURITY NUMBER			
DOB (Year/Month/Day)			
PLACE OF BIRTH (City/Country/State)			
US CITIZEN? (if not, write citizenship)	YES	NO	OTHER:
DEPARTMENT YOU WILL WORK IN			
SERVICE POINT OF CONTACT EMAIL			
WORK STATUS	Employee	Resident WOC	Student Fee Basis Contractor
EMAIL/PHONE NUMBER			
POSITION TITLE (spell out)			
VAMC DUTY STATION LOCATION	SOI:VAF7 SON: 1447		
SEX		RACE	
EYE COLOR		HAIR COLOR	
HEIGHT (FT/IN)	FT	IN	WEIGHT (LBS)