

STVHCS AFFILIATE FINGERPRINT AND BADGE FORM

(Only complete the highlighted sections)

FINGER PRINT CHECK ACCESS BADGE PIV PROGRAM GRADUATION DATE: _____
Month, Day, Year

VA EDUCATION EMPLOYEE SIGNATURE: _____ SERVICE: ACoS for Education (14A)

Print Legal Name _____ / _____ / _____
First Middle Last

Social Security Number: _____ / _____ / _____ Date of Birth: _____ / _____ / _____

Place of Birth: _____

Gender: Female Male Race: _____

Hair Color: _____ Eye Color: _____

Height: _____ ft _____ inches Weight: _____

Job Title: (Student, Housestaff, Observer) _____

TYPE OF REQUEST:

New ID Renewal Replacement
 Affiliate: UTHSCSA Affiliate (other): _____

Your only race options are:
American Indian or Alaskan Native; Asian or Pacific Islander; Black-non-Hispanic; Hispanic; White-non-Hispanic.

Your only Eye color options are: Black, Blue, Brown, Gray, Green, Hazel, Maroon, Multicolored, Pink, Unknown.

Your only Hair color options are: Black, Blonde, Brown, Gray, Red, White, None.

“HR Use Only” SAC NACI MBI BI _____
Adjudication Date Initials

CONSENT

I authorize the VA to release this information to the Office of Personnel Management (OPM) and to the Federal Bureau of Investigations (FBI) to conduct a check of fingerprints in FBI files. Information received as a result of the fingerprint check will only be provided to those with a need to know.

The information you give us is for the purpose of determining your suitability for Federal employment, study, volunteer service, etc. We will protect it from unauthorized disclosure. The collection, maintenance, and disclosure of this information are governed by the Privacy Act.

This information is required in order to work, train, and volunteer, or otherwise to provide or to receive service with the VA.

SIGNATURE: _____ DATE: _____

Prints completed by: _____ (INT) TCN: _____

Reason for printing: New Employee/Equip/Courtesy: SOI: _____ SON: _____