

# FINGERPRINT RECORD PREP/REQUEST SHEET

Assignment over 120 days

Yes

No

Providing Direct Patient Services

Yes

No

*PLEASE PRINT CLEARLY*

|  |   |
|--|---|
| <b>PRINT NAME</b><br>(LAST, FIRST, MIDDLE) |   |
| <b>SS#</b>                                 |   |
| <b>DOB</b><br>Yr/Month/Date                |   |
| <b>ALIAS</b>                               |   |
| <b>SEX</b>                                 |   |
| <b>RACE</b>                                |   |
| <b>EYE COLOR</b>                           |   |
| <b>HAIR COLOR</b>                          |   |
| <b>HEIGHT</b><br>(FT/IN)                   |   |
| <b>WEIGHT</b><br>(LBS)                     |   |
| <b>PLACE OF BIRTH</b><br>(COUNTRY/STATE)   |   |
| <b>CITIZENSHIP</b><br>(STATE COUNTRY)      |   |
| <b>SERVICE AND SPECIALITY</b>              |   |
| <b>POSITION/<br/>APPOINTMENT<br/>TYPE</b>  |   |
| <b>RESIDENCE/<br/>ADDRESS</b>              |   |
|  | STREET <span style="float: right;">PHONE #</span>   |
|  | CITY <span style="margin-left: 150px;">STATE</span> <span style="float: right;">ZIP CODE</span> |

**DATE PRINTED:** \_\_\_\_\_

**PRINTED BY:** \_\_\_\_\_

Police Services Rep Signature

5/05

**SERVICE APPROVAL REQUIRED:** \_\_\_\_\_

SERVICE REP (PRINT & SIGN NAME)

**RETURN COMPLETED FORM TO HUMAN RESOURCES RM 2D112  
FOR APPROPRIATE ACTION.**