

FINGERPRINT RECORD PREP/REQUEST SHEET

SOI #
SON#

PRINT NAME (LAST, FIRST, MIDDLE)	
SS#	
DOB Yr/Month/Date	
ALIAS	
SEX	
RACE	
EYE COLOR	
HAIR COLOR	
HEIGHT (FT/IN)	
WEIGHT (LBS)	
PLACE OF BIRTH (CITY/COUNTRY & STATE)	
CITIZENSHIP (STATE COUNTRY)	
SERVICE AND SPECIALITY	
POSITION/ APPOINTMENT TYPE	
RESIDENCE/ ADDRESS	STREET CITY STATE ZIP CODE
Assignment over 120 days?	Yes No
Providing direct patient care?	Yes No

DATE PRINTED: _____

PRINTED BY: _____

Police Service Rep Signature

5/05

SERVICE APPROVAL REQUIRED: _____

SERVICE REP (PRINT & SIGN NAME)