Fingerprint Information Worksheet SECTION I - GARRISON INFORMATION AND INSTRUCTIONS This document is intended to help you obtain your child services background check fingerprints in the most expedient manner possible. You must present this form to the Security Office to be fingerprinted. To start the process, contact your local Security Office to schedule an appointment for fingerprinting. * For volunteers, short term contractors and "others" fingerprints MUST be completed before submitting work order ticket. * All other categories, fingerprints must be taken within seven (7) calendar days of receipt of this form. **Driving directions: HOURS OF OPERATION** PHONE NUMBER **ADDRESS** \equiv CONTACT INFORMATION AT SPOKE LOCATION FOR FINGERPRINTING **GARRISON** NAME PHONE **EMAIL ADDRESS SECTION II - SUBJECT'S INFORMATION** LAST NAME FIRST NAME МΙ SECTION III - BCA CONTACT INFORMATION FOR BACKGROUND CHECK PROCESSING **GARRISON** NAME **PHONE EMAIL ADDRESS** \equiv **SECTION IV - REQUESTER INFORMATION SECTION V - ADDITIONAL FP REQUIREMENTS** Additional Cards \equiv **DIGITAL SIGNATURE** For which states? (Also see attached chart) DATE SOI/SON UIC **IPAC DA-Army** SECTION VI - CDE/SECURITY AGENCY USE ONLY (Return via email to Requestor) PRINTED NAME **SIGNATURE** DATE COMPLETED \equiv

