FINGERPRINT REQUEST FORM

Bring with you two (2) original IDs (Identity Source Documents) from the list below
https://www.oit.va.gov/programs/piv/_media/docs/IDMatrix.pdf
Complete all fields on this form to the best of your ability

Applicant Category: Check One

☐	**EMPLOYEE**	☐	**CONTRACTOR**	☑	**HEALTH PROFESSONS TRAINEE (VHA intern, resident, fellow, student)**
☐	**AFFILIATE**	☐	**VOLUNTEER**	☐	**OTHER:**

ENTER YOUR NAME EXACTLY AS IT APPEARS ON IDs

Name: (Last, First, Middle)		Other Last Names Used
SSN (use of pseudo number is not permitted)	Position Title Health Professions Trainee	Telephone #
Date of Birth: (mm/dd/yyyy)	City/State and Country of Birth	
E-Mail Address (long-term, sustained E-Mail)	Country of Citizenship	Dual Citizen? (Yes/No)
VA Work Location Southeast Louisiana Veterans Health Care System	POC/COTR/Sponsor/Supervisor Crystal Cruz-New Orleans, LA VA, GME Manager (sponsor)	POC Phone # 504-507-2000 ext:67518
Contractors Only: Company Name n/a	Company Address n/a	Contract End Date
Health Professions Trainees Only: School/Affiliate Name LSU	Training Program	Program End Date

FINGERPRINT LOCATION		FINGERPRINT DATE (mm/dd/yyyy)		PREVIOUS PIV CARD HOLDER (Yes/No)	
GENDER (M/F)	HEIGHT (inches) N/A	WEIGHT (US pounds) N/A	HAIR COLOR	EYE COLOR	RACE/ETHNICITY

Courtesy Prints for another Facility

Facility Name/Location: New Orleans, LA VA	**Facility SOI#** VAC0	**Facility SON#** 1320

Personnel Security Specialist USE ONLY

Date	**Print/Sign**
Comments	