



NWIHCS VA POLICE SERVICE FINGERPRINT REQUEST FORM



NAME (Last, First, Middle):	
SOCIAL SECURITY NUMBER:	
DATE OF BIRTH (YEAR/MONTH/DAY):	
ALIAS (MAIDEN NAME):	
GENDER:	RACE/ETHNIC BACKGROUND:
EYE COLOR:	HAIR COLOR:
HEIGHT:	WEIGHT:
PLACE OF BIRTH (STATE OR FOREIGN COUNTRY):	
CURRENT STREET ADDRESS:	
CITY, STATE, POSTAL CODE:	
CITIZENSHIP:	
OCCUPATION:	
EMPLOYER/SCHOOL AFFILIATION	
FINGERPRINTING INFO: The VA Police conducts fingerprinting in Omaha and Lincoln. Fingerprinting in Omaha IS BY APPOINTMENT ONLY! (HTTPS://VA-PIV.COM) in the Main Hospital, Room B804. For assistance or questions, please call 995-5818. In Lincoln, call 402-489-3802, Extension 6641 (Police Office), to schedule fingerprinting. For Grand Island, fingerprinting assistance, please call 308-382-3660, Extension 2177 or 2458.	
CONTRACTOR PERSONNEL: APPLICANT WILL HANDCARRY THIS FORM TO THE APPLICABLE VA OFFICE FOR FINGERPRINTING.	

AGENCY USE ONLY BELOW THIS LINE

TO BE COMPLETED BY HUMAN RESOURCES OR SPONSORING SERVICE

INDIVIDUAL'S VA STATUS:					
FULL TIME VA EMPLOYEE	<input type="checkbox"/>	PART TIME VA EMPLOYEE	<input type="checkbox"/>	WITHOUT COMPENSATION (WOC)	<input type="checkbox"/>
AFFILIATING TRAINEE (STUDENT)	<input type="checkbox"/>	AFFILIATING FACULTY	<input type="checkbox"/>	CONTRACT EMPLOYEE	<input type="checkbox"/>
ASSIGNMENT OVER 120 DAYS	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
PROVIDES DIRECT PATIENT CARE	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
COMPUTER ACCESS	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	

VA POLICE USE ONLY

IDENTITY VERIFICATION:	
Driver's License Number	STATE OF ISSUE:
OR	
Passport Number	COUNTRY OR ORIGIN:
FINGERPRINTS CONDUCTED BY:	DATE COMPLETED:

For Contractors: Upon completion of fingerprints, Police will sign accompanying fingerprint verification form which contractors will return to contracting.

NOTICE: Access to this information is limited to AUTHORIZED PERSONS ONLY. Information may not be disclosed from this document unless permitted pursuant to 38 CFR 1.500 – 1.599. These records may not be altered or destroyed except as authorized by 38 CFR 1.579. This transmission is intended only for the use of the person or office to whom it is addressed and may contain information that is privileged, confidential, or protected by law. All others are hereby notified that receipt of this message does not waive any applicable privilege or exemption from disclosure and that any dissemination, distribution, or copying of this communication is prohibited. VA follows the requirements of the Privacy Act, which protects your personal information that VA maintains in "systems of records". If you have received this communication in error, please notify us immediately at the telephone number shown above. Thank you.