

# Fingerprint Information Worksheet

## SECTION I - GARRISON INFORMATION AND INSTRUCTIONS

This Worksheet is to be used **ONLY** for live scan fingerprint submissions IAW CTO Tasking Number: T19-037 for the following categories: **volunteers, short duration contractors and "OTHERS"** MUST have fingerprints completed prior to submitting work order ticket.

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 fingerprinting POC to be fingerprinted. Contact the Fingerprint POC listed below to schedule your appointment as soon as possible.

**Special Instructions:**

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**Driving directions:**

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HOURS OF OPERATION	PHONE NUMBER	ADDRESS

### CONTACT INFORMATION FOR FINGERPRINTING POC

GARRISON	NAME	PHONE	EMAIL ADDRESS

## SECTION II - SUBJECT'S INFORMATION

LAST NAME	FIRST NAME	MI

## SECTION III - FUNCTIONAL MANAGER OR REQUESTING OFFICIAL INFORMATION

GARRISON	NAME	PHONE	EMAIL ADDRESS

## SECTION IV - FINGERPRINT REQUIREMENT INFORMATION

FUNCTIONAL MANAGER SIGNATURE
DATE

This Form can **ONLY** be used by Functional Managers when submitting a Background Request for Categories requiring LIVE SCAN Fingerprints IAW CTO Tasking Number: T19-037 (ie. volunteers, short duration contractors and "OTHERS")

\*\*\*\*\*NOT VALID FOR ANY OTHER CATEGORIES\*\*\*\*\*

### FINGER PRINT REQUIREMENT

FINGERPRINT	SON	SOI	IPAC
Live Scan ONLY	Z227	Z256	00005570

## SECTION VI - FINGERPRINTING POC AGENCY USE ONLY (Return via email to Requestor)

PRINTED NAME	SIGNATURE	DATE COMPLETED