

INFORMATION REQUIRED FOR ELECTRONIC FINGERPRINT VERIFICATION

COMPLETE LEGAL NAME		
_____	_____	_____
Last Name	First Name	Middle Name or NMN
DATE OF BIRTH		SOCIAL SECURITY NUMBER
_____/_____/_____ Year Month Day		_____ - _____ - _____
PLACE OF BIRTH		CITIZENSHIP (circle one)
_____ If Born in U.S., enter State. If Born Outside U.S., enter Country.		U.S. or OTHER (specify) _____
RACE (check one)		
A <input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Filipino <input type="checkbox"/> Korean <input type="checkbox"/> Polynesian <input type="checkbox"/> Indian <input type="checkbox"/> Indonesian <input type="checkbox"/> Asian <input type="checkbox"/> Samoan <input type="checkbox"/> Any Other Pacific Islander	B <input type="checkbox"/> Black	I <input type="checkbox"/> American Indian <input type="checkbox"/> Eskimo <input type="checkbox"/> Alaskan American <input type="checkbox"/> Native Person w/ Tribal Affiliation
U <input type="checkbox"/> Undeterminable Race	W <input type="checkbox"/> Caucasian <input type="checkbox"/> Central or South American <input type="checkbox"/> Cuban <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Other Spanish Culture or Origin	
SEX (check one)		EYE COLOR (check one)
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other _____		<input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Green <input type="checkbox"/> Hazel <input type="checkbox"/> Maroon <input type="checkbox"/> Pink <input type="checkbox"/> Multi-Colored <input type="checkbox"/> Unknown
HEIGHT _____ ft _____ in	OCCUPATION _____	
WEIGHT _____ lbs	SERVICE _____	
HAIR COLOR _____	TYPE OF HIRE (ask if unsure) _____	
CURRENT ADDRESS		PHONE
_____ Street		(_____) _____ - _____
_____ Apt # (if applicable)		E-MAIL
_____ City	_____ State	_____ Zip Code
DATE FINGERPRINTED _____		
REGISTRAR'S INITIALS _____		