

# SPECIAL AGREEMENT CHECK (SAC)/FINGERPRINTING

THIS DOCUMENT MUST BE TYPED AND COMPLETE. FAILURE TO DO THIS MAY RESULT IN THE FORM BEING RETURNED, AND A DELAY OF PROCESSING

ALL FIELDS IN RED ARE REQUIRED

**Applicant Category: Please Check One**

VOLUNTEER	PAID	EXTERN	STUDENT/RESIDENT/INTERN
WORK STUDY	WITHOUT COMPENSATION (WOC)	CONTRACTOR	OTHER:
NON PAID WORK EXPERIENCE (NPWE)	FEE BASIS		

**PLEASE MAKE SURE YOU ENTER YOUR NAME EXACTLY AS IT APPEARS ON YOUR GOVERNMENT ID**

<b>Name:</b> (Last, First, MI)		<b>Other Names Used (AKA):</b>	
<b>SSN:</b>	<b>Position Title:</b>	<b>Phone #</b>	
<b>Date of Birth:</b> (mm/dd/yyyy)	<b>City/State of Birth (City and Country of Birth if not born in the U.S.):</b>		
<b>E-Mail Address</b>	<b>Country of Citizenship:</b>		
<b>Service:</b>	<b>Service POC/COTR/Sponsor</b>		<b>Extension</b>
SEND FINGERPRINT RESULTS TO: SHARON KNEELAND, PERSONNEL SECURITY SPECIALIST		EXT. 3619	EMAIL: SHARON.KNEELAND@VA.GOV

## **HEALTH PROFESSIONS TRAINEES AND EDUCATION SERVICE ONLY**

PAID BY VA	PAID BY DISBURSEMENT AGREEMENT	COURTESY PROCESSING	
		VA ASSIGNED TO:	
<b>AFFILIATE/SCHOOL NAME AND EXPECTED GRADUATION DATE:</b>	<b>Service POC/COTR/Sponsor:</b>	<b>EXT.</b>	
<b>FINGERPRINT LOCATION?</b>	<b>FINGERPRINT DATE</b>	<b>PREVIOUS PIV CARD HOLDER?</b> YES      NO	
<b>GENDER(M/F)</b>	<b>HEIGHT</b>	<b>WEIGHT</b>	<b>HAIR COLOR</b>
		<b>EYE COLOR</b>	<b>RACE/ETHNICITY</b>

VA SAN DIEGO FINGERPRINTING (PIV) OFFICE IS LOCATED IN BLD #1, RM #1507

OFFICE HOURS: 7:00 – 3:15PM OFFICE: 858-642-3531

A GOVERNMENT ISSUED ID IS REQUIRED

<p style="text-align: center;"><b><u>Police Service Verification</u></b></p> <p><b>Date Completed:</b> _____</p> <p><b>Initials:</b> _____</p>	<p><b><u>COURTESY FINGERPRINTS</u></b></p> <p><b><u>SAN DIEGO</u></b> <b>SOI: VAL7</b> <b>SON: 4045</b></p>	<p style="text-align: center;"><b><u>HR- Personnel Security Clearance</u></b></p> <p>Date _____ Initials _____</p>
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