



**Fingerprint Information Form**

Based on Department of Health regulations, you are required to undergo a Criminal History Record Check. Please fill out this form in its entirety; the information obtained will be used for the sole purpose of conducting your background check.

**Full LEGAL Name:** \_\_\_\_\_

(As it appears on a GOVERNMENT ISSUED photo ID)

**Social Security Number (Last 4):** XXX-XX-\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Citizenship (Name of Country):** \_\_\_\_\_

**Country of Birth:** \_\_\_\_\_

**Sex (Check one):**            M            F

**Race (Check one):**

Asian      African American      Native American      White or Hispanic      Other

**Height:** \_\_\_\_\_            **Weight:** \_\_\_\_\_

**Eye Color:** \_\_\_\_\_            **Hair Color:** \_\_\_\_\_

**Signature:** \_\_\_\_\_            **Date:** \_\_\_\_\_