

FINGERPRINT RECORD
PREP SHEET

NAME: _____		ALIAS: _____	
(Last, First, Middle)			
ADDRESS:			
SS#:			
STATION: (circle one)	SEATTLE CAMPUS	AMERICAN LAKE	MADIGAN
MET PARK	VET CENTER	BREMERTON	MT VERNON
SERVICE LINE/DEPT:			
JOB TITLE:			
STATUS:	IT/CWT	EMPLOYEE	WOC w/ Letter
CONTRACT WORKER	MEDICAL STUDENT	RESIDENT	FELLOW
VOLUNTEER			
START DATE:			
DATE OF BIRTH:			
STATE/COUNTRY of BIRTH:			
SEX: (circle one)	MALE	FEMALE	
RACE:			
HEIGHT (feet/inches):			
WEIGHT (pounds):			
EYE COLOR:			
HAIR COLOR:			
FOR OFFICIAL USE ONLY			
DATE PRINTED: _____		Assignment over 120 days:	
PRINTED BY: _____		YES / NO	