

DoDEA Volunteer Fingerprint Worksheet

For questions, contact DoDEA Headquarters Personnel Security Manager at PERSECNIP@hq.dodea.edu

Personal Information

Date of Fingerprints: _____

Full Name (LAST, First MI): _____

Maiden/Aliases/Other Names Used: _____

Social Security Number: _____ **Date of Birth (YYYYMMDD):** _____

Country of Citizenship: _____

Place of Birth (State only, if born in US – Country, if *not* born in US): _____

Local PSC Address: PSC _____ Box _____ APO AE _____

Physical Description

Gender: Female
Male

Hair Color: Bald
Black
Blonde or Strawberry
Brown
Sandy
Red or Auburn
Gray or Partially Gray
White
Unknown

Color Eyes: Black
Blue
Brown
Green
Gray
Hazel
Maroon
Multicolored
Unknown

Race: Asian
Black
Native American
Unknown
Caucasian/Latino

Height: _____ (e.g. 5' 8")

Weight: _____ (pounds)

Why are we taking your fingerprints? Place an X in the Applicable Box:

<input type="checkbox"/>	DoDEA—Volunteer
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FOR VOLUNTEERS ONLY

SON DD94

SOI DD94

OPAC/IPAC DoD-SCH

FOR OFFICIAL USE ONLY (FOUO) – When Filled In

When filled in, this form contains personal information, specifically, personally identifiable information (PII), which may be protected by the Privacy Act of 1974, the disclosure of which could cause significant harm to the individual and the Air Force. **This information must be protected as FOUO.** Forward PII information to individuals with a need-to-know only.