

# VA Central California HCS

## COURTESY FINGERPRINT REQUEST FORM

Name of person being printed Last, First, Middle	
Service Point of Contact Contact # (559)225-6100 EXT _____	
VACCHCS SON	<b>1556</b>
VACCHCS SOI	<b>VAG8</b>
Date Printed	
Facility Printed	
<b>REMARKS: Station conducting fingerprints, please indicate in the occupation field what category the individual belongs to: Resident, Fellow or Intern or Student and the Service they are assigned to; Medical, Primary Care, Surgical and so on. Thank you.</b>	

### AGENCY CONTACT INFORMATION

**Use of the bellow information is only for the remote agency conducting the fingerprinting to contact the Point of Contact below. Individuals who have questions regarding results or scheduling need to contact their designated Service point of contact at VACCHCS listed above.**

VACCHCS Personnel Security Office Contact # (559)225-6100 ext 5884

Lamont.Chaney@va.gov

Note: The collection of PII Data is for Official Use Only and is in accordance with VA Directive 6609.