GRCC Fingerprint Processing Requestor #: 3418E

Please PRINT and answer every questic	on completely and to the best of your a	ability.		
Name (last/first/middle):				
(Please type na	me as it appears on legal documents/o	driver's license/state II	D, etc. with full middle name)	
Alias/Maiden Name if Any:	Phone Nun	nber:		
Street Address:				
City:		State:	Zip:	
Date of Birth:	Race:	Gender:		
Height:	Weight:			
Eye Color:	Hair Color:	Hair Color:		
Place of Birth (City, State, County):				
Driver's License/State ID #:		State:		
Reason for fingerprint scan (what progr	am are you entering?):			
I affirm that all the above information is herein may result in refusal of, or immed permission to share any information rec appropriate clinical facilities. The current Office and bring the receipt to Campus background check after finger prints ha	diate dismissal from the health progran eived through my fingerprints with the t cost of finger-printing is \$63.00 via R Police when you go in to have it done	ms at GRCC. I give the Health Program Directain Directain Program Directain Program Directain Program of the Health Program of the Program of the Health P	ne GRCC Police Department ector, Assistant Dean and/or n or you may pay at the Cashier's cel the finger print/criminal	
Please note: Falsification of informa	tion is a criminal offense and will b	oe investigated as a	a crime.	
Signature:		Date:		

Please submit this form to Mercedes Barnum in the GRCC Police Department. You may submit the form via email to mmbarnum@ grcc.edu or fax to (616)234-4962. You may also submit the form in person to the GRCC Police Department at 25 Lyon Street, NE, Grand Rapids, or via postal mail.

Once this form has been submitted, please email Mercedes at mmbarnum@grcc.edu to schedule an appointment to have your fingerprints scanned. This must be done within 30 days of submission or the form will be destroyed and you will be required to complete and submit a new one. Results are usually received within one week.