

APPLICANT
* See Privacy Act Notice on Back

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

LAST NAME NAM FIRST NAME MIDDLE NAME

FBI

LEAVE BLANK

SIGNATURE OF PERSON FINGERPRINTED

ALIASES AKA

O
R
I

MT025025Y

RESIDENCE OF PERSON FINGERPRINTED

DATE OF BIRTH DOB
Month Day Year

CITIZENSHIP CTZ

SEX RACE HGT. WGT. EYES HAIR PLACE OF BIRTH POB

DATE SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

YOUR NO. OCA
MTSC00121

LEAVE BLANK

EMPLOYER AND ADDRESS
MSU-Billings | College of Education
Attn. Traci Sgrignoli, Dir. of Licensure
1500 University Dr. Billings, MT 59101-0245

UNIVERSAL CONTROL NO. UCN

ARMED FORCES NO. MNU

CLASS _____

REASON FINGERPRINTED
NCPA-VCA
Student Teaching
Volunteer

SOCIAL SECURITY NO. SOC

REF. _____

MISCELLANEOUS NO. MNU

1. R. THUMB

2. R. INDEX

3. R. MIDDLE

4. R. RING

5. R. LITTLE

6. L. THUMB

7. L. INDEX

8. L. MIDDLE

9. L. RING

10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

This is a sample fingerprint card.
Please complete all highlighted areas before
returning this card to the Office of Field
Experiences and Licensure.