Delta College

LIVE SCAN FINGERPRINT REQUEST FORM

APPLICANT INFORMATION:

(Reason for Fingerprints): _____

Applicant Name _____
Last First Middle

Aliases (AKA) _____

Place of Birth (State) _____

Date of Birth _____ Student Number _____

Drivers License State _____

Drivers License Number _____

Applicant Address _____
Street City State Zip Code

Gender _____ Race _____

Height _____ Weight _____

Hair Color _____ Eye Color _____

Scars, Marks, Tattoos _____