# GRAND RAPIDS COMMUNITY COLLEGE
# FINGERPRINT PROCESSING FORM

**REQUESTOR #: 3418E**

**Please PRINT** and answer every question completely and to the best of your ability.

NAME - Last: _____First: _____ Middle: _____
(Please write name as it appears on legal documents/driver's license/state ID, etc. **with full middle name**)

Alias/Maiden Name if any: _____Telephone Number (_____)_____

Address: _____
Street City County State Zip

Date of Birth: _____ Race:_____Gender _____

Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____

Place of Birth – City, State, Country: _____

Driver's License/State ID No _____ State:_____

SS# _____ SID/FBI# _____

Birth Marks, Scars, Tattoos (if any – **please be specific**): _____

_____

Reason for fingerprint scan (employment, **clinicals**, etc) : _____

Student ID#: _____

**I affirm that all the above information is accurate and complete. I understand that any falsification, misrepresentation, or omission herein may result in refusal of, or immediate dismissal from the health programs at GRCC. I give the GRCC Police Department permission to share any information received through my fingerprints with the Health Program Director, Assistant Dean, and/or appropriate clinical facilities. The current cost of finger-printing is $65.00. Raider Card transaction or you may pay at the Cashier's Office and bring the receipt to Campus Police when you go in to have it done.**

**Please note: Falsification of information is a criminal offense and will be investigated as a crime.**

Signature: _____ Date: _____

Once this form is submitted to the **Health Admissions Office**, please call Mercedes at #616-234-3677 or email her at mmbarnum@grcc.edu to make an appointment to have your fingerprints taken. **It is your responsibility to schedule an appointment and to keep that appointment within 30 days of receiving this notification. The fingerprint process takes approximately one – two weeks to complete.**

**You may submit this form to the Health Admissions Office via fax (234.4317), postal mail or in person. Be sure to fill it out completely; delays will result if any information is missing! Call Health Admissions at 234.4348 with questions.**