University of Colorado at Boulder
Police Department
Live Scan Fingerprint Data Collection Form

Please fill this form in completely to help us expedite our fingerprinting process. Please print legibly.

Name: _____________________________________  _____________________________________  __________________________
    Last Name    First Name    Middle Name

Alias Names, Including Maiden Name: ______________________________________________________________

☐ Male  ☐ Female

Race: __________________________

Eye Color: __________ Hair Color: __________ Height (ft, in): ________ Weight (lbs) ________

Date of Birth YYYY/MM/DD

State or Country of Birth: __________________________

Country of Citizenship: __________________________

Social Security Number:  __________  -  -  -  -

Residence (where you get your mail):

Address: ______________________________________________________________

City: ___________________________________________________________________

State: __________________________ Zip: __________________________

Agency/Employer Requesting Fingerprint:

Name: _______________________________________________________________

Address: _______________________________________________________________

City: ___________________________________________________________________

State: __________________________ Zip: __________________________

Agency Account No. (Optional): __________________________

ORI (required): __________________________

Reason for Fingerprinting, Including CRS# (Required): _______________________________________________________________

Miscellaneous Number (Optional): __________________________

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