

Authorization form Fingerprint clearance card

I understand the statements below:

- At the time of verification, I will provide my valid Arizona clearance card to be photocopied.
- Bring this form completed to OHR to be • verified by Recruitment and Selection.
- The Office of Human Resources will check with the Arizona Department of Public Safety to verify the validity of my Arizona fingerprint clearance card.

Please bring the actual laminated Arizona fingerprint clearance card to Office of Human Resources during office hours between 8 a.m. to 5 p.m., Monday – Friday, University Center, 1100 E. University Drive, Tempe, AZ 85281

Verification at OHR

Note: Scanned or photocopies are not accepted.

Email backgroundcheck@asu.edu for inquiries.

Per <u>ACD 126</u>, a current Arizona fingerprint clearance card will be accepted.

| Full name | | | |
|----------------------------------|--|------|--|
| | Print as it appears on clearance card. | | |
| Signature | | Date | |
| Phone number | | | |
| Clearance card number | | | |
| Date of birth, mm/dd/yyyy | | | |
| Social security number | | | |
| Affiliate ID, example:1234567890 | | | |
| Department name | | | |
| | Example: HR Recruitment and Staffing | | |
| HR contact, please print | | | |