

Bay Pines VA Healthcare System

Academic Affiliations, Education Service (516/11B)
10,000 Bay Pines Blvd; Bldg 20, Room 206; Bay Pines FL 33744
PH: 727-398-9533 / FAX: 727-319-1260
Email: vhabayAcademicAffiliations@va.gov

Electronic Fingerprint Submission Form

Last Name:	
First Name:	
Middle Name:	
Social Security #:	
Date of Birth (MM/DD/YYYY):	
Sex:	Male Female
Race:	
Height (Feet/Inches):	
Weight:	
Eye Color:	
Hair Color:	
Place of Birth (City/State):	
Street Address: City: State/Zip Code:	
Citizenship:	
Daytime Phone Number: <small>(including area code)</small>	
School:	
Service / Status:	
Rotation dates(from-to dates)	

If you are fingerprinted at another VA Facility, please call us @ 727-398-9533 for Courtesy Fingerprint paperwork or email us at vhabayAcademicAffiliations@va.gov!

VA Staff: Please complete information below and fax this form to: 727-319-1260 to certify fingerprinting of this resident/student has been completed.

Name of VA Facility/Station #: _____ Date: _____

Signature of Staff: _____ Phone #: _____