



DEPARTMENT OF VETERANS AFFAIRS  
EASTERN COLORADO HEALTH CARE SYSTEM  
Rocky Mountain Regional VA Medical Center  
1700 North Wheeling Street  
Aurora, Colorado 80045  
303-399-8020

**COURTESY FINGERPRINT REQUEST FORM**

**If you are completing fingerprints outside of the Rocky Mountain Regional VA Medical Center please complete this form and present it to the VA office that will take your fingerprints.**

Name	
First M.I. Last	
Social Security Number	
Last Four	XXX-XX-_____
Date of Birth	
SON	1821
SOI	VAK7

**AGENCY ACCOMPLISHING FINGERPRINTS**

**Name:**

**VA Location:**

**Date:**

**Phone Number:**

**AGENCY USE ONLY:**

**E-mail or fax this form once the courtesy fingerprints have been submitted to OPM to:**

**Fax: 720-723-6025 or E-mail: [Beverly.Bone@va.gov](mailto:Beverly.Bone@va.gov) Alternate: [Andrew.Prokop@va.gov](mailto:Andrew.Prokop@va.gov)**

**Note: The Collection of PII Data is for Official Use Only and is in accordance with VA Directive 6609.**

**If you have any questions regarding this request, please contact either Beverly Bone at 720-723-4823, Andrew Prokop 720 723 4836 or Merrill Albertson 720 723 4837**

Thank you,

Beverly Bone  
HR Specialist/WOC-Fee Basis Coordinator  
Eastern Colorado Health Care System