Fingerprint Clearance Card

APPLICANT AUTHORIZATION FORM

Applicant Section

Please review the attached instructions, sign, and date before submitting to your local designee. By signing this form, you acknowledge and understand the Office of Youth Safety will check with the AZ DPS website to verify the validity of your AZ DPS Class One or IVP Fingerprint Clearance Card.

Full Name			
Alias or Maiden Name			
Clearance Card Number and Exp. Date			
Volunteer's email			
Volunteer's phone number			
County and program			
Program Supervisor's name			
Program Supervisor's email and phone number			
Volunteer Signature and Date		Date	

Local Designee Section

Please review the applicants documents and make copies. Verify the identity of the applicant against the photo identification and clearance card. Submit the copies and this document to gblumanhourst@email.arizona.edu. The card will be checked, the packet modified and returned to the submitter once the card status has been verified. By signing this form, you acknowledge that you verified the name and birth date of the individual matches both the fingerprint clearance card and photo identification.

Cooperative Extension Staff Signature		Date	

Questions?

For more information about SA-100 Policy on Interactions with Non-enrolled Minors, including internships please contact Jocelyn Gehring, Director, Office of Youth Safety at jocelyngehring@email.arizona.edu , (520) 621-8223, or see the website at https://youthsafety.arizona.edu/.

County Staff: Scan this form, the DPS card front (and back if restrictions are listed,) and the front of the government-issued photo ID and email the packet to gblumanhourst@email.arizona.edu.

Area below for state office use only: verification date 20 verified by