THE UNIVERSITY OF ARIZONA

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 that Arizona Cooperative Extension 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	

County Staff Section

Please review the applicants documents and make copies of the government issued ID and AZDPS Fingerprint Clearance Card. Verify the identity of the applicant against the photo identification and clearance card. Attach the copies and this document to the DCC transaction in UAccess. The card will then be checked electronically. 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	

County Staff: Scan this form, the DPS card front (and back if restrictions are listed,) and the front of the government-issued photo ID. Attach each separately to the DCC transaction in UAccess.

Documents to Upload to UAccess (please use these naming conventions)

1. *"First Name_Last Name_Volunteer Application"*
2. *"First Name_Last Name_DL"*
3. *"First Name_Last Name_AZDPS Fingerprint Clearance Card"*
4. *"First Name_Last Name_AZDPS Authorization Form"*