

APPLICANT * See Privacy Act Notice on Back		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK				FBI	LEAVE BLANK						
FD-258 (REV.3-1-10) 1110-0046		SIGNATURE OF PERSON FINGERPRINTED		LAST NAME NAM		FIRST NAME		MIDDLE NAME							
RESIDENCE OF PERSON FINGERPRINTED		ALIASES AKA		O R I IADC10000 DIV CRIM INV-B OF I DES MOINES, IA				DATE OF BIRTH DOB Month Day Year							
DATE		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS						CITIZENSHIP CTZ		SEX	RACE	HGT.	WGT.	EYES	HAIR
EMPLOYER AND ADDRESS		YOUR NO. OCA		LEAVE BLANK						CLASS _____					
REASON FINGERPRINTED		FBI NO. FBI		LEAVE BLANK						REF. _____					
		ARMED FORCES NO. MNU								SOCIAL SECURITY NO. SOC		MISCELLANEOUS NO. MNU			



- Write **ICC** in the OCA field
- Use the IACC address as the member's employer
Iowa Campus Compact
Pappajohn Education Center
1200 Grand Ave
Des Moines, Iowa 50309



- All information **MUST** be entered legibly.
- CTZ = USA
- AKA = Any known aliases, if none then leave blank.



- Enter the following;
NCPA/VCA Volunteer



- Signed/dated by official