

# Request for Personal Identity Verification (PIV) Card

Name (Last, First, Middle): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Place of Birth (City/State/Country): \_\_\_\_\_

Race (Options: American Indian or Alaska Native; Asian or Pacific Islander; Black non-Hispanic; Hispanic; White non-Hispanic): \_\_\_\_\_

Hair Color: \_\_\_\_\_

Eye Color: \_\_\_\_\_

Height: \_\_\_\_\_ Feet \_\_\_\_\_ Inches

US Citizen: Yes No

If not a US citizen please give country of citizenship: \_\_\_\_\_

e-mail address:

## For Office Use Only

Entered: \_\_\_\_\_

Sent Notification: \_\_\_\_\_

PI \_\_\_\_\_

Date Fingerprinted \_\_\_\_\_