If you are required to submit your fingerprints via mail, you must use Form FD-258. The process to obtain and submit Form FD-258 depends on if you applied for an IVP or a Non-IVP card. See the Fingerprint Clearance Card Instructions for information on how to apply for the AZ DPS Fingerprint Clearance Card.

For IVP Applicants

- You must wait to receive the envelope with the required documents via mail from AZ DPS.
- Once you have received the documents from AZ DPS, you must take all required items, as listed on the fingerprint card request notice, to a facility that offers identity verified fingerprinting.
- The person taking your fingerprints must complete the required section of the fingerprint card request, take your fingerprints, and mail the request and FD-258 Form to AZ DPS in the blue envelope provided.
  - The person completing your fingerprints is not permitted to give you the FD-258 Form back.
  - FD-258 Forms that are not submitted by the person completing the fingerprinting will not be processed.

For Non-IVP Applicants

To Obtain Form FD-258

Either...

- Contact your local law enforcement agency for information on where to obtain the FD-258 Form, OR
- Contact CON-OSAA@email.arizona.edu and request the form be mailed to you, OR
- Pick-up a form in person at the Office of Student and Academic Affairs on the Tucson main campus.
  - College of Nursing
    1305 N Martin Ave
    Office of Student and Academic Affairs, Room 112
    Tucson, AZ 85721

To Complete Form FD-258

- Contact your local law enforcement agency to see where you can have your fingerprints completed.
- On the top of the form, complete all sections highlighted in yellow on the example below. Use this example and the table on the next page to ensure you complete the form correctly.
<table>
<thead>
<tr>
<th>SECTION</th>
<th>HOW TO COMPLETE</th>
</tr>
</thead>
</table>
| ENTIRE FD-258 FORM            | **Type or print legibly, in black ink only**  
|                               | **Stay within the blocks; do not overlap the blue lines**  
|                               | **Use no more than one correction paper tab per fingerprint block (where prints are rolled)**  
|                               | **Do not write in the fingerprint block except “amp” (amputated) or “bnd” (finger bandaged)**  
|                               | **Do not staple anywhere on the card**  
|                               | **Do not fold the form**  

| NAME                          | Must exactly match the name on the application  
|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SIGNATURE                     | Sign your legal signature  
| RESIDENCE                     | Enter your **residence** address, not your **mailing** address (unless they are the same).  
| EMPLOYER AND ADDRESS          | If not pre-filled on the form, enter the information on the example above  
| REASON FINGERPRINTED          | If not pre-filled on the form, enter the information on the example above  
| ALIASES/AKA                   | Enter any other names ever used in an official/legal capacity, including **maiden name**.  
| YOUR NO. (OCA)                | If not pre-filled on the form, enter the information on the example above  
| MISCELLANEOUS NO. (MNU)       | Enter your unique reference number  
|                               | • Located in your AZ DPS account online message center  
|                               | • If this is not included on or with the form, your application will not be processed  
| ORI                           | If not pre-filled on the form, enter the information on the example above  
| SEX                           | • F = Female  
|                               | • M = Male  
| RACE                          | • A = Asian/Pacific Islander  
|                               | • B = Black  
|                               | • I = American Indian/Alaskan Indian  
|                               | • U = Unknown  
|                               | • W = White or Hispanic  
| HEIGHT (HGT)                  | Express in feet and inches; EX: 5’9”  
|                               | • Do not use fractions of an inch; round off to the nearest inch.  
|                               | • Do not use metric system  
| WEIGHT (WGT)                  | Express in pounds. EX: 139 lb  
|                               | • Do not use fractions of a pound; round off to the nearest pound.  
|                               | • Do not use metric system  
| EYE COLOR                     | • BLK = Black  
|                               | • BLU = Blue  
|                               | • BRN = Brown  
|                               | • GRN = Green  
|                               | • GRY = Gray  
|                               | • HZL = Hazel  
|                               | • MAR = Maroon  
|                               | • MUL = Multicolored  
|                               | • PNK = Pink  
|                               | • XXX = Unknown  
| HAIR COLOR                    | • BLK = Black  
|                               | • BLN = Blonde  
|                               | • BLU = Blue  
|                               | • BRN = Brown  
|                               | • GRY = Gray  
|                               | • ONG = Orange  
|                               | • PLZ = Purple  
|                               | • PNK = Pink  
|                               | • RED = Red or Auburn  
|                               | • SDY = Sandy  
|                               | • WHI = White  
|                               | • XXX = Unknown or completely bald  
| DATE OF BIRTH                 | Enter in MM/DD/YYYY format  
| PLACE OF BIRTH                | Enter the two-letter state abbreviation or spell out a foreign country.  

**To Submit Form FD-258**

Mail in a large secure envelope addressed to:

- Applicant Clearance Card Team
  PO Box 18390 – MD 3180
  Phoenix, AZ 85005-83690