



ARCHDIOCESE OF LOS ANGELES
 Fingerprinting Department
 3424 Wilshire Boulevard, Los angeles CA 90010-2241

Date Requested: _____

REQUEST FOR VPIN ACCESS

In order to have a VPIN account created or updated, this form must be completed and signed by the Pastor, Principal, or (for locations other than parishes and schools) Director. Please scan completed and signed form to PDF and e-mail to fingerprinting@la-archdiocese.org If you have any questions, please contact Joel Avenido at (213) 637-7608 or by e-mail at javenido@la-archdiocese.org.

VPIN User Details:

<input type="checkbox"/> New User	<input type="checkbox"/> Update User	<input type="checkbox"/> Delete or Suspend User
Full Name: _____		
E-Mail Address: _____		
Position: _____	Phone Number: _____	
Fax Number: _____	Hours to Call: _____	
Location Name: _____		
Depart ID/Cost Center/School Code: _____		City: _____

Please indicate what level of access this user should have:

- Site Administrator - Able to process/add screenings (Includes Data Entry)
- Data Entry - Able to enter information for this location and the people assigned to it (Includes Viewer)
- Viewer - Able to search and display information for this location and the people assigned to it
- Other/Additional Requests - Please specify:

- Requests VPIN training

Pastor/Principal/Director printed name: _____

Pastor/Principal/Director signature: _____

Pastor/Principal/Director (E-mail address to send confirmation): _____