

# IVP Renewal through Fieldprint

Go to <https://fieldprintarizona.com/>

Click on **Schedule an Appointment**

fieldprint

Already have an appointment?  
[Login](#)

Fieldprint® Fingerprinting  
Serving Arizona

Rectangular Snip

fieldprint

The Largest Livescan  
Network in Arizona

Simple. Safe.  
Secure.

- ✓ Quick, easy scheduling
- ✓ Convenient locations
- ✓ Fast, professional fingerprint collections

**Schedule an Appointment**

» **How It Works**

» **Our Locations**

» **FAQs**

» **About Fieldprint**

Fieldprint's fingerprinting process is quick, easy and convenient!

- 1 Schedule Your Visit**  
Sign in to our secure system to schedule your fingerprinting appointment at a convenient site near you.
- 2 Attend Appointment**  
Visit our professional collection location and have your fingerprints scanned electronically.
- 3 Get Results Fast!**  
We submit your fingerprints to the state electronically, so your results are returned quickly.

Applicants - Get started today! It's easy to [schedule an appointment](#).

## Enter your email address & create a password

fieldprint

English Español Français

Need More Help?  
[Frequently Asked Questions](#)

Rectangular Snip

This is a restricted computer system. It is for authorized use only. Use of this system constitutes consent to security monitoring and auditing. Unauthorized or improper use of the system is prohibited and may be subject to criminal and/or civil penalties.

**Please note: Due to Hurricane Maria, all Fieldprint sites in Puerto Rico are closed until further notice.**

**New Users | Sign Up**

If you are a new user, please register with Fieldprint® in order to schedule your fingerprinting appointment. Begin the registration process by entering your e-mail address below.

Email address:

**Sign Up**

**Existing Users | Sign In**

If you already have an account, please log in below to :

- Check your appointment status
- Re-schedule your appointment
- View and print your receipt

Email address:

Password:



**Sign In**

[Forget Password?](#)

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[FBI Privacy Act Statement](#)

**Reason why you need to be fingerprinted. Please select one of the options.**

[Need More Help?](#)  
[Frequently Asked Questions](#)

**Reason**  We value your personal information and keeping it secure at ALL times. [Privacy Statement](#)  Your information is saved as you complete each step. You can log in and continue at any time.

**Reason why you need to be fingerprinted**

[I know my Fieldprint Code](#)  
[See More Detailed Descriptions of Reasons](#)

Select.....



[Continue](#)

If your employer provided you with a Fieldprint code click 'I know my Fieldprint Code'.  
If you were not given a Fieldprint code, select from the drop down list. If the reason you must be fingerprinted is not listed here or if you do not know the reason, please contact your employer.

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**Select your choice: Identity Verified Prints (IVP) Renewal – Paid Employee**

[Need More Help?](#)  
[Frequently Asked Questions](#)

**Reason**  We value your personal information and keeping it secure at ALL times. [Privacy Statement](#)  Your information is saved as you complete each step. You can log in and continue at any time.

**Reason why you need to be fingerprinted**

[I know my Fieldprint Code](#)  
[See More Detailed Descriptions of Reasons](#)

Select.....

- Select.....
- Enter Fieldprint Code
- Regular Application – Paid Employee
- Regular Application – Volunteer or Student
- Identity Verified Prints (IVP) – Paid Employee
- Identity Verified Prints (IVP) – Volunteer or Student
- Identity Verified Prints (IVP) Renewal – Paid Employee**
- Identity Verified Prints (IVP) Renewal – Volunteer or Student

**If you are not renewing and applying for the first time, choose:  
Identity Verified Prints (IVP) – Paid Employee**

**If you are renewing your Identify Verified Prints (IVP) click here.**

you do not know the reason,

## Sponsors



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Your information is saved as you complete each step. You can log in and continue at any time.

Check the box(es) indicating why you are applying. (Maximum of 4) Your application can not be processed without this information. If the reason you must be fingerprinted is not listed here or if you do not know the reason, please contact your employer.

Teacher

<input checked="" type="checkbox"/>	DOE Certification (Teacher or Other)	ARS §15-534	All persons who apply for certification from the state board of education.
<input type="checkbox"/>	Tutor or Teacher Preparation Programs	ARS §15-534	Any person who participates in a teacher preparation program that is approved by the state board of education or any person who is contracted by this state, by a school district or by a charter school to provide tutoring services
<input type="checkbox"/>	Charter School Instructor	ARS §15-183	All persons engaged in instructional work directly as a classroom, laboratory or other teacher or indirectly as a supervisory teacher, speech therapist or principal.
<input type="checkbox"/>	Public and/or Charter School Contractor, Subcontractor or Vendor and their Employees	ARS §15-512	A contractor, subcontractor or vendor or any employee of a contractor, subcontractor or vendor who is contracted to provide services on a regular basis at an individual school.
<input type="checkbox"/>	Public and/or Charter School Non-certificated Personnel	ARS §15-512	Non-certificated personnel and personnel who are not paid employees of the school district and who are not either the parent or the guardian of a pupil who attends school in the district but who are required or allowed to provide services directly to pupils without the supervision of a certified employee.
<input type="checkbox"/>	School Bus Driver	ARS §28-3228	Applicant for school bus driver certification.

\*\*\*These statutes require a Level One card. However, if you qualify, a Level One card will be issued for any box marked on your application.

Save and Continue

## Please fill out the information carefully!

NOTE: The information entered on this screen must belong to the person being fingerprinted. The name provided for the appointment must match both forms of identification and the date of birth must be on the primary form of ID, and must match exactly. Your appointment will not be completed if you cannot provide two forms of matching IDs.

### Acceptable Forms of ID

First Name:	Middle Name:	Last Name:	Suffix:
<input type="text"/>	<input type="text"/>	<input type="text"/>	Select..... <input type="button" value="v"/>

Please enter any other names or aliases you have used. If you have used more than one alias, please click the "Add another name" button below to enter other aliases. ?

First Name:	Middle Name:	Last Name:	Suffix:
<input type="text"/>	<input type="text"/>	<input type="text"/>	Select..... <input type="button" value="v"/>

+ Add another name ?

Social Security Number:  ?

Address Line 1:  ?

Address Line 2 (Suite/Apt/etc.):  ?

City:  ?

State:  Select.....  ?

Zip Code:  ?

Date of Birth: Month  / Day  / Year  ?

Phone:  ?

Alternate Phone:  ?

E-mail:  ?

Preferred Contact Method:  Phone  E-mail ?

Appointment Reminder: Would you like a message appointment reminder sent the day of your appointment?  Text Message  E-mail:  No ?

Save and Continue

Back

1 2 3 4 5  
 Data Collection Authorization Time and Location Payment Confirmation

**Demographics**

We value your personal information and keeping it secure at ALL times. [Privacy Statement](#)

Your information is saved as you complete each step. You can log in and continue at any time.

Please complete the following questions. This information is used to positively identify you when performing a fingerprint-based background check.  
 NOTE: Fieldprint is required to provide demographic values established by the FBI and/or state and federal agencies.

Citizenship:

Place of Birth:

City of Birth:

Gender:

Your Height:  
 ft.  in.

Your Weight:

Eye Color:

Hair Color:

Race:

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**Please provide employer's information.  
 Washington Elementary School District  
 4650 W. Sweetwater Ave  
 Glendale, AZ 85304  
 (602)347-2600**

1 2 3 4 5  
 Data Collection Authorization Time and Location Payment Confirmation

**Employer**

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Your information is saved as you complete each step. You can log in and continue at any time.

Please enter information below about your current or prospective employer, or the agency or organization that requires you to be fingerprinted.

Employer Name:

Address Line 1:

Address Line 2 (Suite/Apt/etc.):

City:

State:

Zip Code:

Phone:

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1 2 3 4 5  
Data Collection Authorization Time and Location Payment Confirmation

**Release**

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Your information is saved as you complete each step. You can log in and continue at any time.

**Please read and agree to the following**

I authorize custodians of records to release information to the Arizona Department of Public Safety for the purpose of processing my application for a Fingerprint Clearance Card.

I Agree:

Your Full Name:  ?

Today's date: Month  / Day  / Year  ?

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**The renewal payment will be \$74.95 paid with a credit card online. You will receive the confirmation email from DPS. Please provide Washington Elementary School District Human Resources with a copy of the DPS email that includes your application number (IVPXXXXXX)**

**\*\*When you receive your new fingerprint clearance card, it is important to send a copy of the *front and back* of the card to [human.resources@wesdschools.org](mailto:human.resources@wesdschools.org) or through district mail to update our records. Please include your six-digit employee number. Thank you!**