



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. Please contact Joel Avenido at (213) 637-7308 for any questions.

VPIN User Details:

New User Update User 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)
- Viewer - Able to search and display information for this location and the people assigned to it

Do you need VPIN training? Yes - No -

Other/Additional Requests - Please specify:

Pastor/Principal/Director printed name: _____

Pastor/Principal/Director signature: _____

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