



Airport Operations

Fingerprint/STA Transfer Authorization:

Individuals' name and last four of SSN: _____

Name of Company and current badge number: _____

Telephone Number: _____

Billing address: _____

Contact information to send Fingerprints and/or STA to (name and email or fax – if you will pick up your own results, please state such):

I, _____ request that my CHRC fingerprint results and/or STA be sent to recipient(s) as provided above. I authorize agents of Colorado Springs Airport Operations to release this information as I have requested. I understand that it is Security Sensitive Information.

Info Requested: Fingerprint Results Security Threat Assessment Both

Signature: _____ Date: _____

Airport Ops Use Only

Information Sent: _____
(Initials/Date)