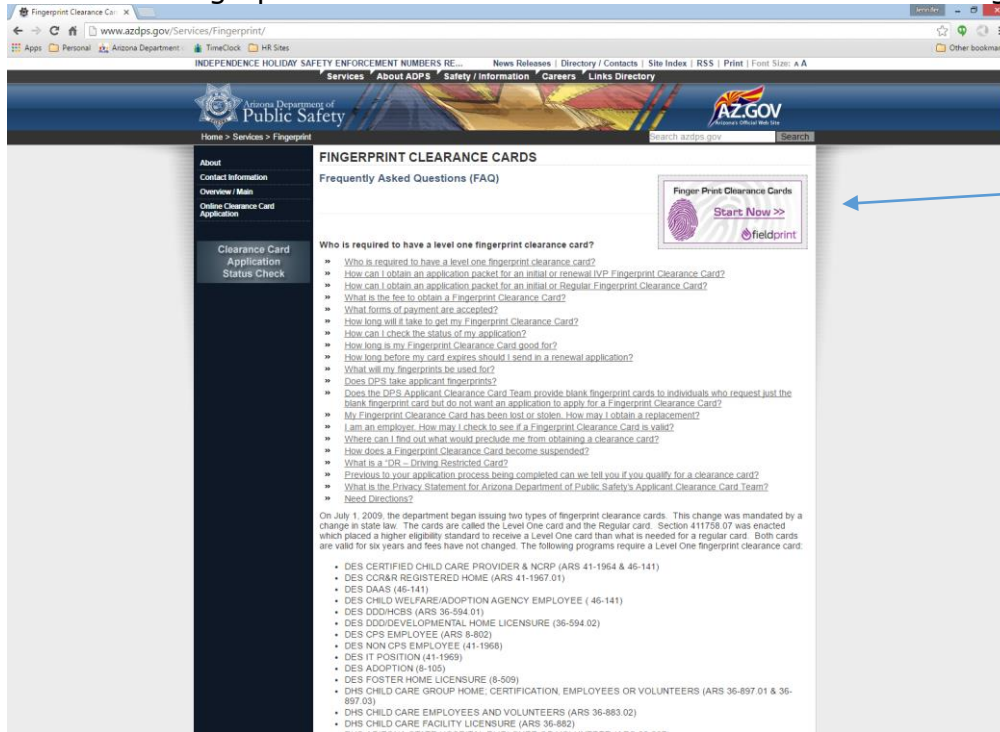


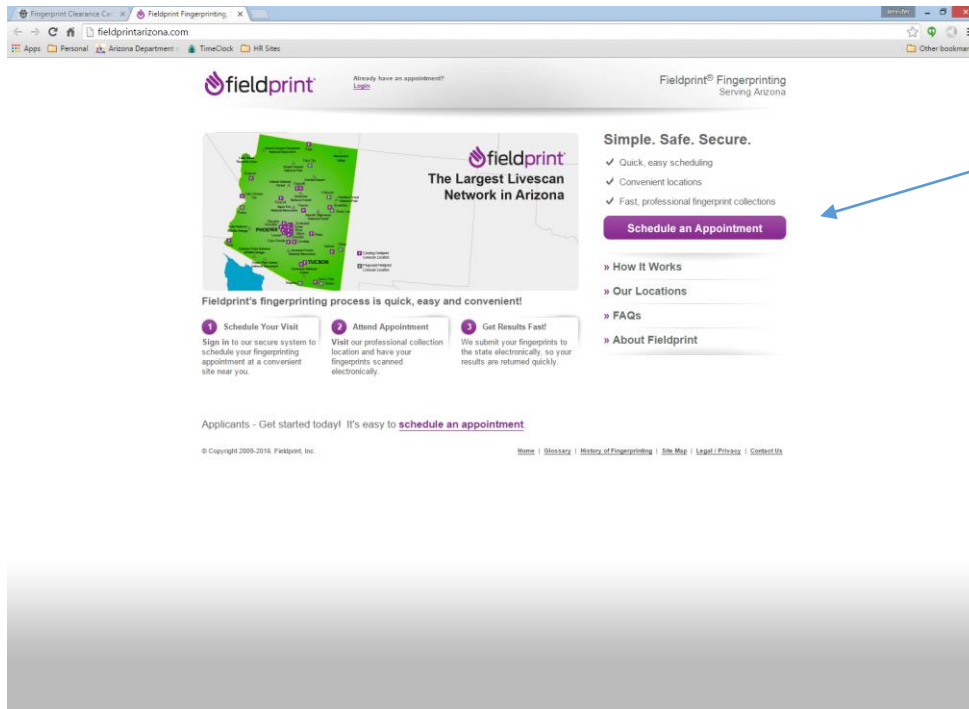
# IVP Renewal through Fieldprint

Go to <http://www.azdps.gov/Services/Fingerprint/>

Click on the Fingerprint Clearance Cards Start Now >> link on the right



A new window will open. Click on Schedule an Appointment



Enter in your personal email address as a new user for communication with DPS



English Español

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

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.

### 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:

[Forget Password?](#)

[Sign In](#)

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It will ask you to establish a password



English Español

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## Sign Up



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.

To register with Fieldprint®, please enter the password you would like to use below, along with a security question and answer. All of the following fields are required.

#### Password Rules

- Must be 8 to 16 characters long
- Must contain at least one capital letter, one lowercase letter, one number and one special character (!@#\$%^&\*?.,/\_+!~-=:;)
- May not be the same as your current password
- May not contain the phrase 'password' or match any on Fieldprint's 'banned' password list
- May not be the same as a password you have used in the last 14 days
- May not be the same as any of your last 12 passwords used
- May not contain your username
- Is case sensitive

Password you would like to use

Re-type Password

Security Question

Answer to your Security Question



Contact Email Address

[Sign Up and Continue](#)

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The system will ask you the reason you need to be fingerprinted.

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[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 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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If you are a support staff (**Classified Employee**), select:  
**Public and/or Charter School Non-Certificated Personnel**  
 If you are a certified employee (**Teacher**), select:  
**DOE Certification [Teacher or Other]**

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

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[Frequently Asked Questions](#)

**Sponsors** 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.

**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.**

<input 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	All persons who apply for certification from the state board of education.
<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 checked="" 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.

\*\*\*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](#)

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Teacher



Classified



It will then ask you for your information. Please read the instructions carefully!

Please enter your personal information below. [?](#)

**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:

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:

[+ Add another name](#) [?](#)

Social Security Number:  [?](#)

Address 1:  [?](#)

Address 2:  [?](#)

City:  [?](#)

State:  [?](#)

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](#)

It will then ask for your demographics. Please read the instructions carefully!

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

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### 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:  [?](#)

[Save and Continue](#) [Back](#)

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It will ask you for your employer's information. Please enter:  
Dysart Unified School District, 15802 N Parkview Pl, Surprise AZ 85374  
623-876-7912

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

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### Employer

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

Employer Name:  
 ?

Address 1:  
 ?

Address 2:  
 ?

City:  
 ?

State:  
 ?

Zip Code:  
 ?

Phone:  
 ?

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You will then certify that you have provided accurate information and you are "authorizing 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".

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

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### Release

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 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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You will be paying online for the renewal. You will receive a confirmation email from DPS. Please provide Dysart HR with a copy of the email from DPS which includes your application number (IVPEXXXXXX).