



Department of Veterans Affairs
VAMC Orlando
2500 Lakemont Ave
Orlando, FL 32814
407-646-4348

VHA SPECIAL AGREEMENT CHECKS (SAC) MEMORANDUM

FINGERPRINTS MUST BE COMPLETED WITHIN FIVE (5) BUSINESS DAYS OF AWARD NOTIFICATION LETTER

EMPLOYEE INFORMATION (PLEASE PRINT)

Name (First Middle Last): _____
Social Security Number: _____
Contractor (yes/no): _____

VA SECURITY SPECIALIST USE ONLY

**SON: 448J / SOI: VAS1
IPAC/OPAC: 3600.1200**

Federal Agency Name: **VHA**
VISN Number: **08**
Station Number: **675**
Date Fingerprinted: _____
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