



ARIZONA BOARD OF FINGERPRINTING

Good Cause Exception Reference Form

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Telephone (602) 265-0135 • Fax (602) 265-6240
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Do not write in this area

1. Letter of Reference for: _____
2. Written by: Name: _____
Agency: _____
Address: _____
Phone: _____
3. Are you the applicant's employer?
 Yes No
4. Are you aware that the Arizona Department of Public Safety has denied or suspended a fingerprint clearance card for the individual requesting this letter?
 Yes No
5. Has this individual informed you of the reason(s) for the denial?
 Yes No
6. How long have you been acquainted with this individual? Please indicate the number of:
_____ Years _____ Months
7. In what ways do you know this individual? (Please check only one.)
 Personally Professionally Both
8. Would you recommend that this individual be granted a fingerprint clearance card?
 Yes No Undecided
9. Please include any additional statements you would like regarding this individual, either below or on a separate sheet.

Signature

Date