

Western Illinois University

Fingerprint Applicant Form

(for Teacher Education Majors Only)

Please Provide The Following Information (Please Print Clearly).

Last Name: _____ First Name: _____ MI _____

Address: _____ City: _____

State: _____ Zip Code: _____

Date of Birth: ___/___/___ Sex: _____ Race: _____

Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Social Security #: _____

Place of Birth:(State or Country if outside USA): _____

ORI #ILL13665S

(DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY)

F.P. Technician _____

Date Printed _____

TCN# _____

Purpose Code: AWA
State & FBI
\$52.00