

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 #: _____ WIU ID # _____

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

I understand that my fingerprints will be taken and used to check the criminal history record information files of the Illinois State Police and the Federal Bureau of Investigation. I further understand that I have the right to challenge any information disseminated from those criminal justice agencies regarding me that may be inaccurate or incomplete.

Signature Date

ORI #ILL13665S

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

F.P. Technician _____

Date Printed _____

TCN# _____

Purpose Code: AWA
State & FBI