



**Western Illinois University  
Teacher Education Program  
Fingerprint Request Form**

**WIU STUDENTS ONLY:**                      **STUDENT ID** \_\_\_\_\_

**PLEASE PRINT NEATLY**

**Identify program for which fingerprints are required:**

\_\_\_ Teacher Education Program WIU/QC

\_\_\_ Counselor Education WIU/QC

\_\_\_ Other \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_ Sex \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Race \_\_\_\_\_

W - White

B - Black

I - American Indian

U - Unknown

A - Asian/Pacific Islander

Place of Birth (State or Country if outside USA) \_\_\_\_\_

I understand my fingerprints will be taken and used to check the criminal history record information files of the Illinois State Police and FBI. 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.

I agree to release this information to Western Illinois University for purposes of certification/licensure requirements. I further authorize Western Illinois University to release my WIU transcript, TB test results and fingerprint criminal background investigation reports as well as other related information upon request to the school district. \_\_\_\_\_ (initial)

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

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

F.P. Technician \_\_\_\_\_ Date Printed \_\_\_\_\_ TCN# \_\_\_\_\_

Amount Paid \_\_\_\_\_ (Cash \_\_\_\_\_ Money Order \_\_\_\_\_) Date faxed to WIU \_\_\_\_\_