



WIU STUDENTS ONLY

PLEASE PRINT

If fingerprints are rejected by the State of IL or FBI additional charges may incur

Identify program for which fingerprints are required:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Athletic Training | <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Reading – Masters | <input type="checkbox"/> Teacher Ed Program |
| <input type="checkbox"/> America Reads Program | <input type="checkbox"/> Music Therapy | <input type="checkbox"/> RPTA | |
| <input type="checkbox"/> Communication Sciences & Disorders | <input type="checkbox"/> Peace Corps Fellows | <input type="checkbox"/> School Psychology | |

Last Name: _____ First Name: _____ MI _____

Address _____ City _____

State _____ Zip _____ Phone # _____ Gender _____

Date of Birth ____/____/____ Place of Birth (State) _____

Height _____ Weight _____ Hair Color _____ Eye Color _____

Race _____

- | | |
|---------------------------|---------------------|
| W - White | I - American Indian |
| B - Black | U – Unknown |
| A - Asian/Pacific Islands | |

**PLEASE WASH YOUR HANDS
AFTER FILLING OUT FORM**

I, the undersigned, hereby authorize the release of any criminal history record information that may exist regarding me from any agency, organization, institution, or entity having such information on file. 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 agree to release this information to Western Illinois University for purposes of 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. 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.

_____ (initial)

Signature

Date

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

F.P. Technician _____ Date Printed _____ TCN# LS10828L6906 _____

Amount Paid _____ (Cash _____ CC _____) Date faxed to WIU _____