

**Eastern Illinois University**  
**Fingerprint Applicant Form**  
Adam Walsh Act

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 # ILL13836S**

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

F.P. Technician \_\_\_\_\_

Date Printed \_\_\_\_\_

TCN# \_\_\_\_\_

Purpose Code : AWA  
**Pay On Site: \$52.00**  
Y & Y