



Southern Illinois University

# Fingerprint Applicant Form

Adam Walsh Act

Accurate Biometrics  
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Phone: 773 685-5699  
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[www.accuratebiometrics.com](http://www.accuratebiometrics.com)

Please provide the following information: (Please Print Clearly)

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

\_\_\_\_\_  
Address:

\_\_\_\_\_  
City: State: Zip:

\_\_\_\_\_  
Date of Birth: Sex: Race:

\_\_\_\_\_  
Height: Weight:

\_\_\_\_\_  
Hair Color: Eye Color:

\_\_\_\_\_  
Social Security:

\_\_\_\_\_  
Place of Birth: [State or Country if outside USA]

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 am aware and 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 these criminal justice agencies regarding me that may be inaccurate or incomplete.

\_\_\_\_\_  
Applicant Name (printed) Date

\_\_\_\_\_  
Applicant Name (signature) Date

ORI# ILL 13675S

DO NOT WRITE BELOW THIS LINE [FOR OFFICE USE ONLY]

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

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

Purpose Code: AWA  
**\$52 Pay on Site**  
Y & Y