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Chicago State University

Fingerprint Applicant Form

Adam Walsh Act

For additional instructions and to schedule an on-campus appointment, please visit
<http://www.csu.edu/CollegeOfEducation/backgroundcheck.htm> or email coefingerprint@csu.edu.

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 # ILL14091S

(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