Fingerprinting - Form D (Client)



APPLICANT INFORMATION										
Please Print Legibly										
Applicant's Full First	:	Middle:			Last:					
Legal Name										
Address (street, city, state, zip):										
Phone Number:			Email Address:							
<u> </u>										
Date of Birth (MM/DD/YYYY):				Gender:						
//				Male Female Unknown Other						
		Height:		Hair Color (indicate one):		Eye Color (indicate one):				
American Indian/Alaskan Native			ft	Bald Black		Black Blue				
Asian/Pacific Islander		in		Blonde/Strawberry		Brown Gray				
Black		Weight lbs		Brown _	Sandy	Green Hazel				
				Gray/Parl	tial Gray	Other:				
Indeterminable/Unknown				Red/Auburn						
White/Latino				Other:						
* Illinois State Police only allows the above options						e Number & State Issued:				
What State You Were Social Security Number Born In?			i	•	Driver's License	e Number & State 188ueu:				
				-						
	Bus Driver	Bus N	Monitor	Coach	Contractor	CustodianVolunteer				
Position:	Food Consider Developerational Children Topicher Cultatitute Topicher									
(reason for fingerprinting)	Food Service Paraprofessional Student Teacher SubstituteTeacher									
	Other:									
APPLICANT SIGNATURE AND DATE										
Applicant Signature (if the person listed at the top of this form is under the age of 18, their parent or Date:										
guardian should sign and date these sections.)										
*PLEASE TAKE A COPY OF THIS FORM TO YOUR FINGERPRINT APPOINTMENT*										
Office Use Only: Bushue Background Screening										
Proof of Identity: ORI Number:										
-	Passnort Other	r•								
DL State ID _	Took License		CNI			Durmaga Cada				

Office Use Only: Bushue Background Screening									
Proof of Identity:				ORI Number:					
DL State IDPassport Other:									
Technician:	Tech License	e #: T	CN:	Purpose Cod					
	249.000								
Date of Fingerprint: Time: Location		Location:		Payment Amount:					
				Cash M.O/Check:	Card:				