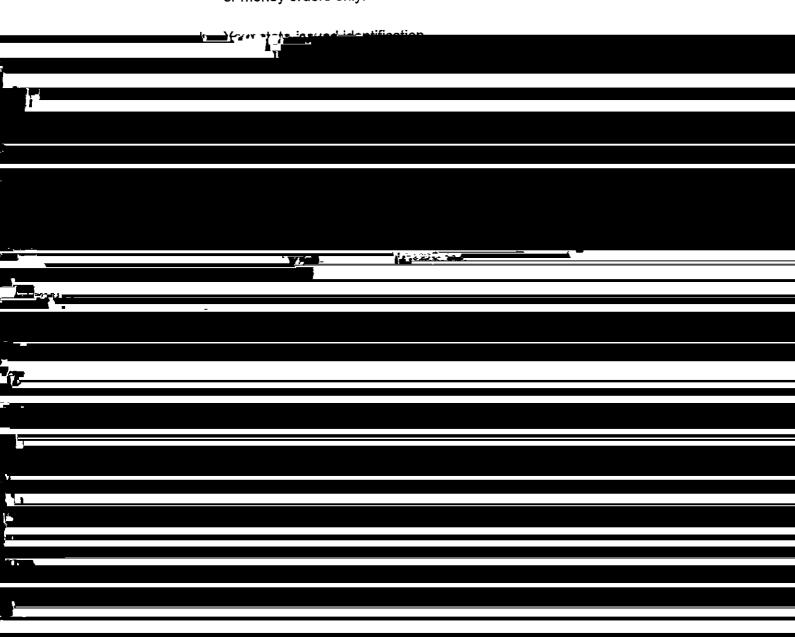
Department of Counselor Education Daniel L. Goodwin College of Education Northeastern Illinois University

State and Federal fingerprint background check results are required for applicants to the M.A. in School Counseling program who do not hold a Professional Educator License (PEL):

- 1. You will have your fingerprinting conducted at Accurate Biometrics for both state and federal fingerprints.
- 2. When ready to visit Accurate Biometrics, you must bring with you:
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| PLEASE PROVIDE TE | HE FOLLO | WING INFORM | MATION (F | LEASE PRINT CLEARLY) | |
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| Last name: | | | | | |
| First name: | | | | | |
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| Date of Birth: | | | | | |
| Sex: (circle one) | Male | Female | | <u>, , , , , , , , , , , , , , , , , , , </u> | |
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| above-noted demogr | aphic data | to the Illinois | s State Pol | apture and transmit my fingerprint ice. I understand that the Illinois s o the Requestor listed above. | s and State |
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| Date Fingerprinted: | | | | | |

IDENTITY HISTORY SUMMARY REQUEST FORM

| Information * Denotes Required Fields | | |
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DELIVERY OPTIONS FBI Identity History Summany Request Form



| Please submit this com | pleted form along wi | th the other required form | ns from the "By-Mail" | forms packet |
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| Per FBI requirements, application picked up within the United S * Indicates a Required Field | States or its territories. Pl | ease contact the FBI if you no | eed to apply internationally and initial that you under | y. rstand |
| Sex*: Race | *• | Height*: | Weight*: | <u> </u> |
| Hair Color*: I | Eye Color*: | | | |
| Social Security #: | | Check box | and initial that you under | rstand |
| full SSN of the applicant. If a | n applicant wants the last | nu want the last 4 digits of your 4 digits to appear on the respons hey must make their backgroun | se and does not want to prov | ide the full SSN t |
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