

Fact Finders Group, Inc.
Research & Investigative Services
Certified Fingerprint Technicians

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Center for Community Academic Success Partnerships
(CCASP)
GENERIC UCIA
ILLUFP000

FINGERPRINT APPLICANT FORM

Please Provide The Following Information (Please Print Clearly)

Last Name: _____ **First Name:** _____ **Middle:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Date of Birth: ____/____/____ **Sex:** _____ **Race:** _____ **Height:** __ ft ____
Weight: _____

Hair Color: _____ **Eye Color:** _____ **Social Security#** ____/____/____

Place of Birth (State or Country) _____ **U.S. Citizen:** Y____ N____

Employer: _____

Cell Phone or Home Telephone Number: (_____) _____ - _____

Do Not Write Below This Line-For Office Use Only

Fingerprint Tech: _____ **Date Fingerprint:** _____

TCN: # _____