



WHITWORTH
UNIVERSITY

FINGERPRINTING PAYMENT FORM

NAME: _____

FEE: \$73.00

BUDGET NUMBER: 15-4214-44016-0

REASON FOR PAYMENT: FINGERPRINTING

CASHIER'S OFFICE VERIFICATION: _____

DATE: _____

NOTE: Bring this form, signed by Whitworth University's Cashier's Office, along with the completed Individual Information form, with you for your fingerprinting appointment.

APPOINTMENT DATE: _____

APPOINTMENT TIME: _____

FINGERPRINT PAYMENT:

- You must go to the Student Accounting Services Office (Cashier's Office) located on the first floor of McEachran Hall to pay the fingerprinting fee prior to your appointment.

REQUIRED ITEMS TO BRING WITH YOU FOR YOUR APPOINTMENT:

- A form of government identification (i.e., driver's license, passport, etc.). A student ID is not acceptable.
- The receipt from the Cashier's Office or the Fingerprinting Payment form signed by the Cashier showing you paid the \$73.00 fingerprinting fee.

PLEASE CONTACT CRYSTAL WEDDINGTON AT
CWEDDINGTON@WHITWORTH.EDU IF YOU WILL BE LATE FOR
OR NEED TO CANCEL/RESCHEDULE YOUR APPOINTMENT.

THANK YOU!



SID#: _____
Receipt #: _____
Date Cleared: _____

Individual Information Form for Electronic Fingerprinting
Completion of this form is required to activate the fingerprint process.

Date form completed: _____ Day phone number: _____

Name of person being fingerprinted (please print and include full name):

First Name Middle Name Last Name

Any alias names (include maiden name, name changed, nicknames used). Be sure to enter First Name, Middle Name, and Last Name:

Date of Birth: _____ Place of Birth: _____
mo./day/year If U.S., state in which you were born
(use format – i.e., XX/XX/XXXX)

Your occupation: _____

Your current address: _____
Street address Apt. #

City State Zip Code

Country of Citizenship: _____ U.S. _____ Other (please specify) _____

Reason fingerprinted: _____ Certification _____ Reject from original Whitworth submission
_____ Employment _____ Reject from Other _____
Explanation

If for employment, employer name: _____

Employer address: _____
Street or PO Box

City State Zip Code

Name of Person Fingerprinted (please print): _____ Date: _____

Personal Information (completion of this information is mandatory):

Gender: ___ Female ___ Male ___ Unknown

Race: ___ (A) Asian or Pacific Islander
___ (B) A person having origins in any of the black racial group
___ (I) American Indian, Eskimo, or Alaskan Native
___ (W) Caucasian, Mexican, Puerto Rican, Cuban, Central or South American
___ (U) of undeterminable race

Eye Color: ___ BLK Black ___ BLU Blue ___ BRO Brown ___ GRY Gray
___ GRN Green ___ HAZ Hazel ___ MAR Maroon ___ PNK Pink
___ MUL Multicolored ___ XXX Unknown

Hair Color: ___ BLK Black ___ BLU Blue ___ BRO Brown ___ GRN Green
___ ONG Orange ___ PNK Pink ___ SDY Sandy ___ WHI White
___ PLE Purple ___ GRY Gray or Partially ___ BLN Blond or Strawberry
___ RED Red or Auburn ___ XXX Completely Bald

Height: ___ Feet ___ Inches **Weight** in pounds: _____

I certify the information I have provided on this form to be accurate.

Signature of Person to be fingerprinted: _____

Date form completed: _____

FOR WHITWORTH CERTIFICATION OFFICE USE ONLY

Date fingerprinted: _____ Date reprinted, if applicable: _____

Whitworth Receipt No. _____

Name of WHITWORTH employee processing prints: _____

FEDERAL BUREAU OF INVESTIGATION

PRIVACY ACT STATEMENT:

Authority: The FBI's acquisition, preservation, and exchange of information requested by this form is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include numerous Federal statutes, hundreds of State statutes pursuant to Public Law 92-544, Presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Examples include, but are not limited to: 5 U.S.C. 9101; Pub.L. 94-29; Pub.L. 101-604; and Executive Orders 10450 and 12968. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion or approval of your application.

Social Security Account Number (SSAN): Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, security, licensing, and adoption, may be predicated on fingerprint-based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain fingerprints and other submitted information for other authorized purposes of such agency (ies).

Routine Uses: The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(b)) and all applicable routine uses as may be published at any time in the Federal Register, including routine uses for the FBI fingerprint Identification Records System (Justice/FBI-009) and the FBI's Blanket Routine Uses (Justice/FBI-BRU). Routine uses include, but are not limited to, disclosures to: appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities for application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing and adoption checks; and as otherwise authorized by law, treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing this application, they may have additional routine uses.

Additional Information: The requesting agency and/or the agency conducting the application/investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

Signature: _____ Date: _____