EASTERN ILLINOIS UNIVERSITY
Background Investigation for
Non-Student Adult Occupants of University Apartments
Illinois State Police

CONFIDENTIAL

(Please Print Clearly)

Name: _____
First Middle Last

Permanent Address: _____

_____ _____-_____
City State Zip Code Ext.

Sex: _____ Race: _____

Codes for Sex
Male……M
Female…….F
Unknown…U

Valid Codes for Race
White ……W
Black/Afro-American……..…….. B
Asian/Pacific Islands…….…… A
American Indian/Alaskan….……. I
Hispanic…….…… H
Unknown…….……...U

Social Security Number: _____ Date of Birth: _____-_____-_____
Month Day Year

Applicant's Signature: _____

Approved/Requested by: _____ _____
Housing & Dining Office Date

TO BE DEPOSITED TO THE ACCOUNT OF: 3000000000 D BRS LOCAL FUNDS
233002 Personnel Security Background Check $18.00

FORM OF PMT: _____ INITIALS: _____

FOR HOUSING OFFICE USE ONLY:

Requested move in date: _____-_____-_____ Revised 2/8/11

EIU Student whose account will be billed for University Apartment charges:

Name: _____ E #:_____
Please Print Clearly