



**Mark  
Biometrics**

DATE

TIME

\_\_\_/\_\_\_/\_\_\_ at \_\_\_:\_\_\_

# Fee Applicant-Fingerprinting Consent Release

Please Print Clearly

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: (MM/DD/YYYY) \_\_\_\_\_

Place of Birth (State): \_\_\_\_\_ SEX: \_\_\_\_\_ Race: \_\_\_\_\_  
Country, if outside U.S.

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Applicant Consent**

I, the undersigned, hereby authorize the release of any criminal history record information that may exist regarding me from any agency, organization, institution, or entity having such information on file. I am aware that images of my fingerprints will be captured and will be used to check the criminal history record information files of the Illinois State Police and/or the Federal Bureau of Investigation where permitted by law. I also understand that if my photo was taken, my photo may be shared only for employment or licensing purposes. I further understand that I have the right to challenge any information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete pursuant to Title 28 Code of Federal Regulation 16.34 and Chapter 20 ILCS 2630/7 of the Criminal Identification Act.

<input type="checkbox"/>	MEDICAL PROFESSIONAL LICENSE
<input type="checkbox"/>	PRIVATE SECURITY, FINGERPRINT VENDOR
<input type="checkbox"/>	CONCEALED CARRY / FIREARM
<input type="checkbox"/>	CANNABIS ( )
<input type="checkbox"/>	VEHICLE SERVICES ( )
<input type="checkbox"/>	EDUCATION ( )
<input type="checkbox"/>	CHILDREN, YOUTH, FAMILY SERVICES
<input type="checkbox"/>	HEALTHCARE ( )
<input type="checkbox"/>	MUNICIPAL / LOCAL GOVERNMENT

<input type="checkbox"/>	REAL ESTATE ( )
<input type="checkbox"/>	PERSONAL REVIEW ( )
<input type="checkbox"/>	MISCELLANEOUS ( )
<input type="checkbox"/>	OTHER: ( )
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **DO NOT WRITE BELOW THIS LINE – For Office Use Only**

Mark Biometrics is a authorized service provider a licensed and insured State of IL Fingerprint Vendor Agency Illinois State Police

Proof of Identification: \_\_\_\_\_ Method of Payment \_\_\_\_\_

Fee Amount: \$ \_\_\_\_\_ Agency ID: \_\_\_\_\_ Reference # \_\_\_\_\_

TCN: **LS11938L884** \_\_\_\_\_ Technician Name: \_\_\_\_\_

Technician License: **249.001191** \_\_\_\_\_ Agency License: **262.000171** \_\_\_\_\_

If you have questions about the status of a search or results, please contact the Illinois State Police at 815-740-5160 option 2 or [boi\\_customer\\_support@isp.state.il.us](mailto:boi_customer_support@isp.state.il.us). Biometric data is kept for 30 days locally and 90 days on a remote server after which the data is erased. This document serves as your receipt and consent for a fingerprint based criminal background check. A copy of this document is retained for 2 years and is then destroyed.

## Privacy Act Statement

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of the application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.