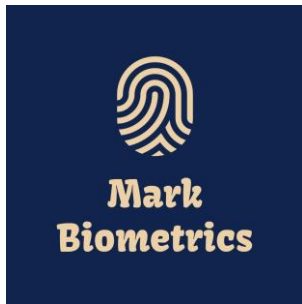




MARK BIOMETRICS INC

Live Scan Fingerprinting Service

1220 S Garfield St, Lombard, IL 6014

Phone: 630-812-9071

<https://markbiometrics.com/>

State of Illinois Background Check **UCIA**

Thank you for choosing Mark Biometrics for your fingerprinting needs.

PLEASE PROVIDE THE FOLLOWING INFORMATION (PLEASE PRINT CLEARLY)

Last name: _____

First name: _____

Middle Initial: _____

Daytime Phone: _____

Date of Birth: _____

Sex: Male Female

Race: White African American Hispanic Asian American Indian/Alaskan

Other (_____ **)**

REQUESTOR INFORMATION

Other Name: _____ **Agency Name:** _____

Street Address: _____ **City** _____

State: _____ **Zip Code:** _____

I, the undersigned, authorize Mark Biometrics to capture and transmit my fingerprints and above-noted demographic data to the Illinois State Police. I understand that the Illinois State Police will return the results of the fingerprint search to the Requestor listed above.

Signature _____ **Date** _____

(Do Not Write Below This Line—For Office Use Only)

F.P. Tech: _____

TCN: _____

Date Fingerprinted: _____