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: _____