

MARK BIOMETRICS INC
1220 S Garfield St
Lombard, IL 60148

Live Scan Fingerprinting Service
Phone: 630-812-9071

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: (circle one) Male Female (circle one)

Race: White, Black Hispanic Asian American Indian/Alaskan (_____)

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: _____