



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: **LS11938L8847** _____ 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. 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.