FD-258 Fingerprinting Form

Last Name: _____First Name: _____MI: _____

Date of Birth: ____/____/____Sex: _____Race: _____Height: _____

Weight: _____ Hair Color: _____Eye Color: _____

Phone # (____) _____Social Security #: _____-_____-_____

Place of Birth: _____ Country of Citizenship_____

Email Address of Applicant: _____

(PRINT NEATLY USING ONLY CAPITAL LETTERS)

Please check the purpose of fingerprinting below

	$40	Registered Nurse (RN)		**$40**	Massage Therapy
	$40	Licensed Practical Nurse (LPN)		**$40**	Security (PERC)
	$40	Chiropractic Licensee		**$40**	Physician Licensee
	$40	Chiropractic by Endorsement		**$40**	Physician by Endorsement
	$40	Massage Therapy		**$40**	
		Other-Specify Purpose and call for price:			

Each Card: $40x___=_____

I authorize Mark Biometrics Inc. (and its agents) to capture and transmit my fingerprints for the purpose of conducting a criminal history record check, and to release any such information to the authorized agency listed in this receipt. I understand that my fingerprints and, if taken, my photo may be transmitted to, retained by, and used by the Illinois State Police (ISP) and/or the FBI for employment, licensing, or other authorized purposes. I am aware that I have the right to challenge any inaccurate or incomplete criminal history information under Title 28 CFR 16.34 and 20 ILCS 2630/7. I have read and understand the "Retention and Destruction Policy for Fingerprints and Other Information," which states that, unless required by a government contract or the FBI, all biometrics will be retained by Mark Biometrics Inc. for 90 days from the date of receipt, capture, scan, or last modification. The policy is available upon request via email at **markbiometrics@gmail.com** or by mail at **Mark Biometrics Inc., 1220 S Garfield St, Lombard, Illinois 60143**.

By Signing Below, I acknowledge that I have read and agree to Mark Biometrics Inc.

APPLICANT CONSENT: My signature below indicates my agreement with all of the above and further certifies that all information provided by me related to obtaining fingerprint processing services is correct and that I am the person named below.

Applicant: _____ Date: _____

Address:
Mark Biometrics Inc
1220 S Garfield St, Lombard, IL 60148