

## Live Scan Fingerprint Consent Form Uniform Conviction Information Act Transaction Type

Pursuant to (place here your agency right to conduct such checks), the (Place Agency Name Here) mandates that all participants (or applicants) in the (purpose) must conduct a Uniform Conviction Information Act (UCIA) fingerprint based criminal history record information background check. The (Agency Name) will follow all rules and regulations concerning your criminal background check authorized pursuant (place appropriate statute here) and the Uniform Conviction Information Act (20 ILCS 2635). This form is designed to capture the necessary information required by licensed live scan fingerprint vendors to ensure the fingerprints are submitted properly. The live scan vendor will use the applicant information contained on the form to help confirm the identification documentation provided by the applicant before the fingerprints are taken. This document also serves as a consent form. Consequently, the form must be signed by the applicant in order to authorize the release of any criminal history record information that may exist regarding the applicant. The results of your inquiry will be forwarded to the (Place agency name here) for review.

### Agency Information

Requesting Agency Name: 123 FINGERPRINT ME, INC	Requesting Agency ORI Identifier:
Requesting Agency Address: 21141 GOVERNORS HWY STE 208 – MATTESON, ILLINOIS. 60443	
Purpose Code: CCW	

### Applicant Information

Name:	Sex:	Race:	Date of Birth:
Current Address:	Driver's License or State ID #:		Issuing State:
Social Security Number:	Phone Number:		Height:
Weight:	Eye Color:		Hair Color:
Place of Birth:			ID Verified:

### Live Scan Vendor/Appointment Information

Live Scan Fingerprint Vendor Name: 123 FINGERPRINT ME, INC	Address: 21141 GOVERNORS HWY, STE 208 MATTESON, IL 60443	
Phone Number: 1-708-898-0365	Appointment Date & Time:	TCN#:

### Privacy Statement

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 and understand that my fingerprints may be retained and will be used to check the criminal history record information files of the Illinois State Police and/or the Federal Bureau of Investigation, to include but not limited to civil, criminal and latent fingerprint databases. I understand that I have the right to challenge any information disseminated from criminal justice agencies regarding me that may be inaccurate or incomplete pursuant to Chapter 20 ILCS 2630/7 of the Criminal Identification Act.

### Consent

Applicant Name (printed):	Date:
Applicant Name (signature):	Date:

