Above Biometrics
224-286-4595
Jay@abovebiometrics.com

250 Parkway Drive Suite 150
Lincolnshire, IL 60069

800 Ogden Ave #4
Downers Grove, IL 60515

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Birth Date: _____/_____/_____
Mo. Day Year

Gender: _____ **Race:** _____

Height: _____ **Weight:** _____

Hair Color: _____ **Eye Color:** _____

Place of Birth: _____ **Phone:** _____
State or Country

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 (ISP) and/or the Federal Bureau of Investigation (FBI). **In addition I authorize my photo to be taken, submitted to the ISP and/or FBI; photographic images may be shared for licensing and employment purposes only. I further understand that I have the right to challenge any state or federal criminal history record information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete.

X_____ Date: _____

For Office Use Only:

Applicant TCN#: LS11061L851 ___ ___ ___ ___ ___ State ID _____

Applicant TCN#: LS11194L791 ___ ___ ___ ___ ___ State ID _____

Applicant TCN#: LS11570L843 ___ ___ ___ ___ ___ State ID _____