

UCIA CONSENT FORM

Above Biometrics

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**250 Parkway Drive Suite 150
Lincolnshire, IL 60069**

**800 Ogden Ave #4
Downers Grove, IL 60515**

Name: _____

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

Gender: _____ Race: _____

Results Mail to
Company name: _____

Contact name: _____

Address: _____

City: _____ State: _____ Zip: _____

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 ____