Fingerprint Consent Form
Medical Cannabis Pilot Program

Pursuant to the Medical Cannabis Pilot Program Act (410 ILCS 130); the Illinois Department of Agriculture mandates that all participants (or applicants) applying for a Cultivation Center or Agent Identification Card must conduct a Fee Applicant fingerprint based criminal history record information background check. The Illinois Department of Agriculture will follow all rules and regulations concerning your criminal background check authorized pursuant the Medical Cannabis Pilot Program Act (410 ILCS 130), the Uniform Conviction Information Act (20 ILCS 2635), and applicable federal statutes. 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 Illinois Department of Agriculture for review.

Facility Information

Facility Name: Illinois Department of Agriculture	Requesting Agency ORI Identifier: IL920710Z
Requesting Agency Address: P.O. Box 19281, Springfield, IL 62794-9281	Contact Person Name: Carol Chapman
Purpose Code: CCA Cannabis Cultivation Agent	Contact Person Phone #: 217/524-2143
Facility Cost Center: (If any) Cost Center of the Live Scan Fingerprint Vendor	Transaction Control Number (TCN):

Applicant Information

Name:	Sex:	Race:	Date of Birth:
SSN (*optional*):	Drivers License #:		DL State:

Livescan Vendor/Appointment Information

Live Scan Fingerprint Vendor Name:	Address:	
Phone Number:	Appointment Date:	Appointment Time:

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 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.

Applicant Consent

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