

**Above Biometrics**  
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**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#:** LS11061L831 \_\_\_\_\_ **State ID** \_\_\_\_\_

**Applicant TCN#:** LS11194L791 \_\_\_\_\_ **State ID** \_\_\_\_\_

**Applicant TCN#:** LS11570L843 \_\_\_\_\_ **State ID** \_\_\_\_\_