Above Biometrics

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Lincolnshire, IL 60069 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#: LS11061L860 \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ State ID \_\_\_\_\_\_

Applicant TCN#: LS11194L860 \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ State ID \_\_\_\_\_\_

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