Above Biometrics

224-286-4595

[Jay@abovebiometrics.com](mailto:Jay@abovebiometrics.com)

250 Parkway Drive Suite 150 800 Ogden Ave #4

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 \_\_\_\_\_\_