## Above Biometrics 224-286-4595

## www.abovebiometrics.com

250 Parkway Drive #150 Lincolnshire IL

800 Ogden Ave #4 Downers Grove IL

1411 N Kickapoo St #103 Lincoln IL

Birth Date:/ Mo. Day Year			
	Mo. Day Year		
Gender:	Race:		
Height:	Weight:		
Hair Color:	Eye Color:		
Place of Birth:	Phone:price:		
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.			
Signature		Date:	
For Office Use Only: Applicant TCN#: LS11	061L878	State ID	
Applicant TCN#: LS11	194L860	State ID	
Applicant TCN#: LS11	570L843	State ID	
Applicant TCN:: LS11	819L872	State ID	
			Purpose