

## Fingerprint Submission Consent and Notification Form (Used for all Licensing and Employment Screening)

The authorized agency (Agency) named below requires all applicants in the Agency's screening or approval process for the purpose identified below to submit to a fingerprint-based criminal history record information background check. The Agency will follow all applicable laws, rules and regulations concerning the criminal background check pursuant to the authorizing statute, Uniform Conviction Information Act and federal statute. The live scan vendor or Agency must confirm the identity of the applicant submitting the fingerprints. The live scan vendor or Agency must use the Applicant Information section to document the valid government issued identification provided by the applicant before the fingerprints are taken. This document also serves as a consent and notification form. **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 the inquiry will be forwarded to the Agency for review.

### Agency Information

Requesting Agency Name:

Illinois Department of Agriculture

Requesting Agency ORI Identifier:

IL920716Z

Requesting Agency Address:

801 E Sangamon Ave. Springfield, IL 62702

Fiscal Cost Center: (for entity responsible for paying ISP)

Purpose Code: (see code reference on page 2)

ACT

### Applicant Information

Name:

Sex:

Race:

Date of Birth:

SSN (if req. by Agency):

DL/ State ID/ Passport # :

DL/ID State:

### Livescan Vendor/Appointment Information

Live Scan Fingerprint Vendor Company Name:

ABOVE BIOMETRICS

Address:

250 PARKWAY DR  
LINCOLNSHIRE IL 60069

Phone Number:

224-286-4595

Appointment Date & Time:

IL Vendor License Number:

262.000052

### Applicant Consent

By signing below, I acknowledge and 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, to include but not limited to civil, criminal and latent fingerprint databases. 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.

TCN #:

Applicant Name (printed):

Applicant Signature:

Date: