

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** (See Page 2) 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: P.O. Box 19281, Springfield, IL 62794-9281	
Fiscal Cost Center: (for entity responsible for paying ISP) Cost Center of the Live Scan Fingerprint Vendor	Purpose Code: ACG

Applicant Information

Name:	Sex:	Race:	Date of Birth:
SSN (<i>if req. by Agency</i>):	DL/ State ID/ Passport # :		DL/ID State:

Livescan Vendor/Appointment Information

Live Scan Fingerprint Vendor Company Name: Above Biometrics	Address: 250 Parkway Drive Suite 150 Lincolnshire IL 60069		
Phone Number: 224-286-4595	Appointment Date & Time:		IL Vendor License Number: 262.000052