

UCIA CONSENT FORM
Above Biometrics
224-286-4595
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250 Parkway Drive #150 Lincolnshire IL
800 Ogden Ave #4 Downers Grove IL
1411 N Kickapoo St #103 Lincoln IL

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). I 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#: LS11061L878 ____ State ID _____

Applicant TCN#: LS11194L860 ____ State ID _____

Applicant TCN#: LS11570L843 ____ State ID _____

Applicant TCN#: LS11819L872 ____ State ID _____