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800 Ogden Ave #4  
Downers Grove, IL 60515

Name: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo. Day Year

Gender: \_\_\_\_\_ Race: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_  
State or Country

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 \_\_\_\_\_

