

OFFICE ONLY

Purpose: _____

Payment Method: _____



Illinois Live Scan Consent Form

Agency License # 262.000033

Name: _____

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 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.

Email Address: _____

Phone Number: _____

Person Fingerprinted (Signature):

X _____ Date: _____

For Office Use Only:

Applicant TCN#: LS10851L7083 _____ State ID _____

Technician: _____

To check that status of your Illinois transmission, please contact Illinois State Police customer service at 1-815-740-5160 Ext. 2 and provide them your TCN (located above).

Phone: 847-706-6789

8am-4pm, Monday-Friday

Fax: 630-912-2111