

# Fingerprint Fee Applicant Consent Release



Livescan Fingerprinting and Background Services

**Carlinville Office**  
 227 East 1st South Street  
 Carlinville, IL 62626  
 Ph (217) 854-4016  
 Fax (217) 854-2032

**Jerseyville Office**  
 201 W Exchange Street  
 Jerseyville, IL 62052  
 Ph (618) 498-5541  
 Fax (618) 498-5543



Applicant Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
 SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth (XX/XX/XXXX): \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 State of birth (Country, if born outside of the US): \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Please circle one of the following Purposes for Fingerprinting:**

- |  |                                |                     |
|--|--------------------------------|---------------------|
| Health Care (Home Health/Nursing Home) (IDFPR) | Registered Nurse (IDFPR)       | LPN (IDFPR)         |
| Teacher (Full Time)                            | Teacher (Substitute)           | Paraprofessional    |
| Janitorial                                     | Office                         | School Volunteer    |
| Conceal Carry-Applicant                        | Conceal Carry-Instructor (CCI) | Other: _____        |
|  | Video Gaming(IGB)              | School Bus Driver   |
|  | Cannabis                       | Coaching            |
|  |                                | Mandatory Reporting |

**Are you being fingerprinted as a requirement of employment?**      YES      NO

If yes, what is the name of the requesting agency? \_\_\_\_\_

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.

Applicant Signature: \_\_\_\_\_  
 Date of Signature: \_\_\_\_/\_\_\_\_/\_\_\_\_

**IMPORTANT:** If this appointment is for a school district/business that will be making payment there must be an authorized signature here:

School Dist /Business Name: \_\_\_\_\_

ORI # \_\_\_\_\_ Authorized by: \_\_\_\_\_

Applicant Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

**Official ROE #40 Office Use Only:**

Ref #: \_\_\_\_\_

**Appointment Date:**  
\_\_\_\_\_

TCN # LS11122L \_\_\_\_\_ or

**Appointment Time:**  
\_\_\_\_\_:\_\_\_\_\_ AM / PM

TCN # LS11104L \_\_\_\_\_

Technician Signature: \_\_\_\_\_

Applicant Identification Expiration date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Paid in Full: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ CASH CHECK

**Billing Information:**

Name of Payee: \_\_\_\_\_ Invoice via: FIRM SYSTEMS or ROE 40

\*Payment (Circle One): \_\_\_\_\_ Billing ORI: \_\_\_\_\_

SELF-PAY EMPLOYER INSTITUTION