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## UCIA-State of Illinois

Thank you for choosing Accurate Biometrics for your fingerprinting needs.

**PLEASE PROVIDE THE FOLLOWING INFORMATION (PLEASE PRINT CLEARLY)**

Last name:

First name:

Middle Initial:

Daytime Phone:

Date of Birth:

Sex: (circle one)      Male      Female

(circle one)

Race:      White      Black      Hispanic      Asian      American Indian/Alaskan      Other

**REQUESTOR INFORMATION**

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

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I, the undersigned, authorize Accurate Biometrics to capture and transmit my fingerprints and above-noted demographic data to the Illinois State Police. I understand that the Illinois State Police will return the results of the fingerprint search to the Requestor listed above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Phone Number: \_\_\_\_\_

**(Do Not Write Below This Line—For Office Use Only)**

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F.P. Tech: \_\_\_\_\_ TCN: \_\_\_\_\_

Date Fingerprinted: \_\_\_\_\_

Client ID