TRACE 2 BIOMETRICS LLC

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Illinois Live Scan Consent Form

Agency License No. 262.000101

Name: _____

Date of Birth_____ Sex:____ Race: ____ Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Social Security Number: _____

Place of Birth: _____ (State or Country if outside USA)

Phone #: _____

Person Fingerprinted (Signature) X _____

Fingerprinted under ORI # _____ Purpose Code: _____

TCN# _____ Date Printed: _____

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

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.