Ink Fingerprint Print Card Consent Form

Agency License #: 262.000101

Date: _____

Name: _____

Phone # _____

Please Sign:

_____

By signing above, 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 state of Florida police and/or the Federal Bureau of investigations 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 of incomplete pursuant to Title 28 Code of Federal Regulation 16.34 and Chapter 20ILCS 2630/7 of the Criminal Identification Act.