



This fingerprint was completed by FIRM Systems on: ___/___/___ at ___:___

6 Lawrence Square Springfield, Illinois 62704 www.firmsystems.net Toll Free 866.721.1203 Fax 217.525.1271

Consent Release

Please Print Clearly

Last Name: _____ First Name: _____ MI: _____

Social Security #: _____ Date of Birth: (XX/XX/XXXX) _____

Address: _____ City: _____ State: _____ Zip: _____

Sex: _____ Race: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Place of Birth (US State or Other Country): _____ Phone: _____

Applicant Consent

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: _____

Table with 2 columns: License/Category and Description. Includes Concealed Carry Applicant - CCW, Video Gaming Location - IGB, Vehicle Dealer License (SOS), Tow Truck Company, Security, PERC Card (IDFPR), Pyrotechnics License (OSFM), Explosives Licenses (DNR), Tow Truck Driver/Owner ISP District - ____, School District:

Table with 2 columns: License/Category and Description. Includes Physician License, Physician License by Endorsement, Chiropractic License, Chiropractic License by Endorsement, Registered Nurse, Licensed Practical Nurse, Massage Therapist, Other:

DO NOT WRITE BELOW THIS LINE - For Office Use Only

Proof of Identification: ___ Driver's License, ___ State ID, ___ FOID, ___ Passport, ___ Military ID, ___ Other

Method of Payment ___ Cash ___ Credit/Debit ___ Money Order ___ Other _____

Fee Amount: \$ _____ Billed _____ Collected _____

Agency ID: _____ Reference# _____

TCN: _____ Technician Name: _____

Technician License: 249. _____

This document serves as your receipt and consent for a fingerprint based criminal background check. This signed form must be retained by the fingerprint vendor agency for at least two years, upon which it is destroyed. This office does NOT receive the results nor the status. Please check with the agency that has requested your background check or the Illinois State Police Bureau of Identification at ISP.BOI.Customer.Support@Illinois.gov or 815-740-5160 option 2.

Privacy Act Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Notes Regarding Processing Times & Responses

<http://www.isp.state.il.us/docs/5-727.pdf>

Page 68 (screenshot)

Average state and FBI response times are 24 to 48 hours for "hit", "no record", "held", and "multiple hit" notifications for electronic response method types. Inquiries that receive a "held" response initially can take between 30 to 45 days to complete.

Please reference guide above with any questions regarding responses. This office does **NOT** receive the results nor the status. Please check with the agency that has requested your background check.

If you have questions about the status of a search or results, please contact the Illinois State Police Bureau of Identification via email at ISP.BOI.Customer.Support@illinois.gov with the TCN given above.

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