
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: _____

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 _____

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

F.P. Tech: _____ TCN: _____

Date Fingerprinted: _____

****Teacher candidate is responsible for payment. If background check is done at Accurate Biometrics facility, you must pay before you leave.***

Input
Student
Name &
Address

