

# Acme Fingerprinting Livescan Information and Applicant Consent Form

## Instructions

This form should be completed by the agency or organization requesting a fingerprint-based, criminal history record information check be completed for an applicant or employee.

**It is imperative the correct agency or organization Identification Number (ORI) and Purpose Code are included to ensure the criminal history record check is properly processed and the criminal history response is sent to the appropriate destination.**

The agency's or organization's contact name and phone number should be included in case Acme Fingerprinting has any questions. Not providing these contact data could lead to fingerprinting process delays.

Acme Fingerprinting will use this form's applicant information to verify the government-issued identification provided by applicants prior to taking their fingerprints. Consequently, it's important the agency or organization completes the applicant information section carefully and in detail.

Applicants must sign the form to authorize the release of any criminal history record information that may exist regarding the applicants. Once the form is completed and signed, the agency or organization should make two copies of the form and give both copies to the applicant. Applicants will give one copy to Acme Fingerprinting to assist in submitting the criminal history record fingerprint inquiry to the Illinois State Police and/or the Federal Bureau of Investigation. Applicants should keep the other copy of the form for their personal files.

The form containing the applicant's original signature authorizing the release of any criminal history record information that may exist should be maintained in the agency's or organization's permanent files.

## Agency/Organization Information

Agency/Organization Name:		Agency/Org. ORI Number:
Cost Center <i>(if applicable)</i> :	Purpose Code:	Request Type: State/FBI <input type="checkbox"/> State Only <input type="checkbox"/> FBI Only <input type="checkbox"/>
Contact Person Name:		Contact Person Phone #:

## Applicant Information

Name:	Sex:	Race:	Date of Birth:
SSN <i>(optional)</i> :	Drivers License #:	DL State:	

## Acme Fingerprinting Livescan Appointment Information

Vendor Name: <div style="text-align: center;">Acme Fingerprinting, L.P.</div>	Address: <div style="text-align: center;">9515 Turnberry Trail, Village of Lakewood, IL 60014</div>		
Phone Number: <div style="text-align: center;">815-656-4777</div>	Appointment Date:	Appointment Time:	

## Applicant Consent

I, the undersigned, 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 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.

In addition, I authorize my photo to be taken and submitted to the Illinois State Police and/or the Federal Bureau of Investigation. My photographic image may be shared for licensing and employment purposes only.

I further understand I have the right to challenge any state or federal criminal history record information disseminated from these criminal justice agencies regarding me that might be inaccurate or incomplete.

Applicant Name (printed):	Date:
Applicant Name (signature):	Date: