



Livescan Fingerprint 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: _____

<input type="checkbox"/>	Concealed Carry Applicant – CCW
<input type="checkbox"/>	Video Gaming Location - IGB
<input type="checkbox"/>	Vehicle Dealer License (SOS)
<input type="checkbox"/>	Tow Truck Company
<input type="checkbox"/>	Security, PERC Card (IDFPR)
<input type="checkbox"/>	Pyrotechnics License (OSFM)
<input type="checkbox"/>	Explosives Licenses (DNR)
<input type="checkbox"/>	Tow Truck Driver/Owner ISP District - _____
<input type="checkbox"/>	School District: _____

<input type="checkbox"/>	Physician License
<input type="checkbox"/>	Physician License by Endorsement
<input type="checkbox"/>	Chiropractic License
<input type="checkbox"/>	Chiropractic License by Endorsement
<input type="checkbox"/>	Registered Nurse
<input type="checkbox"/>	Licensed Practical Nurse
<input type="checkbox"/>	Massage Therapist
<input type="checkbox"/>	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.

Biometric Information Privacy Act (BIPA) Consent to Capture and Store Fingerprint Biometric Data

In compliance with the Illinois Biometric Information Privacy Act (740 ILCS 14/), we are committed to ensuring the privacy and protection of your biometric data. This form seeks your consent to capture and store your fingerprint biometric data under the terms outlined below:

1. Collection and Use of Fingerprint Biometric Data

At the customer's request and for the purpose of submitting a fingerprint-based criminal background check, your fingerprint biometric data will be collected using certified fingerprint capture software and scanner. This biometric information will only be sent to the Illinois State Police, and the Federal Bureau of Investigation if required, to determine if any criminal history exists related to the customer. The Illinois State Police sends results of this fingerprint-based background check to the agency designated as the recipient according to the purpose of the fingerprint.

2. Illinois Biometric Information Privacy Act

The Illinois Biometric Information Privacy Act (740 ILCS 14/), regulates the collection, storage, use, and retention of "biometric identifiers" and "biometric information." "Biometric Identifier" means a retina or iris scan, fingerprint, voiceprint, or scan of hand or face geometry. "Biometric information" means any information, regardless of how it is captured, converted, stored, or shared, based on an individual's biometric identifier used to identify an individual.

4. Retention Policy

All identifiers and other biometric information, including fingerprint images will be retained on the local livescan device for no longer than 30 days. All identifiers and other biometric information including fingerprint images will be retained on the FIRM Systems Headquarters' server for a period no longer than 90 days from the date of receipt, fingerprint capture or card scan date, or the "date last modified", in the case where the original fingerprint or card scan date was modified. If a fatal or non-fatal error occurs requiring the retransmission of fingerprint images, the "date last modified" will be updated, beginning a new 90-day retention period. 90 days is a proper retention period as it allows for the resubmission of fingerprints for customers and applicants who either do not receive reports or accidentally misplace reports they have received. The 90-day period also prevents inconveniencing the fingerprint applicant as they do not need to be reprinted if reports are lost or not received. When an error results in the need for a new set of fingerprint images to be taken, this creates a new fingerprint inquiry transaction with a new date of fingerprint capture, starting the 90-day retention date from the revised date of fingerprint capture.

After the 90-day retention period has passed, biometric information is permanently deleted.

3. Consent

By signing this form, you consent to the collection, use, storage, and destruction of your fingerprint biometric data by FIRM Systems. You acknowledge that you have read and understood this consent form and agree to the terms herein. You also acknowledge that your consent is voluntary and that you may withdraw your consent at any time by providing written notice to FIRM Systems.

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:** _____

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