



## Live Scan Vendor Information and Applicant Consent Form

### Instructions:

This form is to be completed by the agency or organization seeking to have a fingerprint based criminal history record information check completed for an applicant. It is imperative that the correct agency/organization identification number (ORI) and purpose code be included on the form in order to ensure that the criminal history record check is processed properly and that the criminal history response is forwarded to the appropriate destination. The agency/organization contact person's name and phone number should also be included in case the Live scan vendor encounters a problem or has questions regarding billing, etc. The Live scan vendor will use the applicant information appearing on the form to verify the identification documentation provided by the applicant before the fingerprints are taken. Consequently, it is important that the agency/organization complete the applicant information section in detail. The applicant should sign the form in order to authorize the release of any criminal history record information that may exist regarding the applicant. Once the form is completed and signed, two copies of the form should be made by the agency/organization. Both copies are to be provided to the applicant. The applicant is to give one copy of the form to the Live scan fingerprinting vendor to use to submit the criminal history record fingerprint inquiry to the Illinois State Police and Federal Bureau of Investigation for processing. The applicant should keep the other copy for their 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 file by the agency/organization seeking to employ, license or utilize the services of the applicant.

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### Agency/Organization Information

Agency/Organization Name:

Agency/Org. ORI Number:

Cost Center (if applicable):

Purpose Code:

Contact Person Name:

Contact Person Phone#:

### Applicant Information

Name:

Phone:

Street Address:

City:

Zip:

Race:

Date of Birth:

SSN:

Sex:

Drivers License #:

Drivers License State:

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### Livescan Vendor/Appointment Information

Vendor Name:

**Flawless Biometrics**

Address:

**46 Payne Dr, Paris IL. 61944**

Phone Number:

**(217) 712-0098**

Appointment Time:

Appointment Date:

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### 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 that my fingerprints will be taken and used to check the criminal history record information files of the Illinois State Police and the Federal Bureau of Investigation. 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.

Applicant Name (printed):

Date:

Applicant Name (signature):

Date: