

UCIA FINGERPRINTING

Please submit this document with the appropriate fee of \$25 in the form of cash or money order made payable to the St. Clair County Regional Office of Education. Please complete all sections below and please print legibly. Please bring your driver's license or state ID.

<p>_____ First Name</p> <p>_____ Last Name</p> <p>_____ Middle Initial</p> <p>_____ DOB</p> <p>_____ Sex</p> <p>_____ Race</p> <p>_____ Driver's License Number</p> <p>_____ State Issued</p>		
<p>_____ Requestor's Name</p> <p>_____ Agency Name</p> <p>_____ Street Address</p> <p>_____ City</p> <p>_____ State</p> <p>_____ Zip Code</p> <p>_____ Phone Number</p>		
<p>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 authorize the St. Clair County Regional Office of Education to capture and securely transmit my fingerprints to the Illinois State Police and/or Federal Bureau of Investigations for the purpose of checking my criminal history record information. I further understand that my fingerprints may be retained by the Illinois State Police and/or Federal Bureau of Investigations pursuant to applicable statute.</p> <p>_____ Signature</p> <p>_____ Date</p>		
<p>_____ TCN #</p> <p>_____ Technician Signature</p> <p>_____ Date</p> <p>_____ Time</p>	<p>_____ TCN #</p> <p>_____ Technician Signature</p> <p>_____ Date</p> <p>_____ Time</p>	