phone 773-685-5699 fax 773-685-5433

Web Site: www.accuratebiometrics.com

UCIA

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: The Rt. Rev. Daniel H. Martins Agency Name: Episcopal Diocese of Springfield
Street Address: 821 South Second Street
City <u>Springfield</u> State: <u>IL</u> Zip Code: <u>62704</u>
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: