



Live Scan Fingerprint Form

The Koleman Group LLC
4717 W Main St Belleville, Illinois 62226
Ph: 618-398-3900 Fax 618-310-3181
www.thekolemangroupscren.com

Purpose for Fingerprint: Healthcare Worker Background Check Fingerprint, HCW

Application Number Or BgCheckId(Auto generated # from fingerprint request on IDPH Website):

ORI# ILNHPP09Z

Applicant Information (Print Clearly)

Form with fields: Name: last, first, middle; Sex; Date of Birth; Height; Weight; Eye color; Hair Color; Race; Address; Place of birth; Driver's License #; DL State; Social Security Number; Phone Number; Technician (print name:)

Requestor Information (For UCIA Applicants only) Results will be sent here!

Name Agency Name
Street Address City State Zip code

Applicant Consent

I, the undersigned, hereby authorize the release of any criminal history record information that may exist regarding me from an 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 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:

TCN / DCN : LS11351L8148 Date Fingerprinted

DO NOT WRITE BELOW THIS LINE-FOR OFFICE USE ONLY

Proof of Identification: Drivers License State ID FOID Passport Military ID Other

# Expiration