



Fingerprint Consent Form

The K Coleman Group LLC
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Purpose for fingerprint:

Applicant Information (PRINT Clearly)

Name: last, first, middle					Sex:	Date of Birth:
Height	Weight	Eye color	Hair Color	Race:	Address:	
Place of birth			Driver's License #			DL State:
SSN:				Phone Number:		Technician 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
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DO NOT WRITE BELOW THIS LINE-FOR OFFICE USE ONLY

Proof of Identification: Drivers License__ State ID__ FOID__ Passport__ Military ID__ Other__

_____ Expiration _____